

**MACKENZIE CHARITABLE GIVING PROGRAM
DONATION OF SECURITIES FORM**
(Please complete one form per donor)



1. CLIENT (DONOR) INFORMATION

_____ LAST NAME		_____ FIRST NAME					
_____ ADDRESS		_____ CITY		_____ _____ _____ _____ PROVINCE/TERRITORY		_____ _____ _____ POSTAL CODE	
_____ SOCIAL INSURANCE NUMBER		(_____)_____ RESIDENCE TELEPHONE		(_____)_____ BUSINESS TELEPHONE			

2. TRANSFER FROM

_____ ACCOUNT NUMBER		ACCOUNT TYPE (TICK ONE): <input type="checkbox"/> NOMINEE <input type="checkbox"/> CLIENT NAME			
_____ RELINQUISHING INSTITUTION		_____ ADDRESS OF RELINQUISHING INSTITUTION			
_____ _____ _____ _____ _____ CITY PROVINCE/TERRITORY POSTAL CODE		(_____)_____ CONTACT NUMBER OF RELINQUISHING INSTITUTION			

3. TRANSFER TO
FOR BOOK BASED DELIVERIES USE: NON-ATON TRANSFERS ONLY CUID: NBCS OR DTC: 5008

10205334 ACCOUNT NUMBER		B2B BANK SECURITIES SERVICES INC. RECEIVING INSTITUTION					
199 BAY STREET, SUITE 600, P. O. BOX 279 STN COMMERCE COURT ADDRESS		TORONTO CITY		ON PROVINCE/TERRITORY		M5L0A2 POSTAL CODE	

4. SECURITIES TRANSFERRED

From the account noted above, I am transferring (tick one): All Securities In-Kind Partial Securities In-Kind (as listed below or attached list) Cash
 Securities must be transferred In-Kind to the Foundation and are not to be liquidated by the Donor.

To ensure safe delivery of the documentation, it is recommended that any original physical certificate and a signed and dated Irrevocable Stock/Bond Power of Attorney form are forwarded in separate envelopes. Certificates must be sent by bonded courier directly to the Foundation.

Symbol, FAS, CUSIP, or Certificate Number	Approximate Market Value	Number of Shares/Units	Certificate Attached
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Description			

Symbol, FAS, CUSIP, or Certificate Number	Approximate Market Value	Number of Shares/Units	Certificate Attached
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Description			

Symbol, FAS, CUSIP, or Certificate Number	Approximate Market Value	Number of Shares/Units	Certificate Attached
	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Description			

5. AUTHORIZATION

I hereby request and authorize the transfer of my account and/or investments as described above.

 AUTHORIZED CLIENT SIGNATURE (MANDATORY)

 AUTHORIZED JOINT CLIENT SIGNATURE (MANDATORY)

 DEALER NAME

 FINANCIAL ADVISOR

 SIGNATURE GUARANTEE STAMP (MANDATORY)

 DEALER #

 ADVISOR #

Y Y Y Y M M D D

 DATE

PLEASE FORWARD the original copy of this Donation of Securities Form to:
 Strategic Charitable Giving Foundation • 180 Queen Street West • Toronto, Ontario • M5V 3K1
 You can also fax this information to us at 1-866-766-6623.
 Canada Revenue Agency Number: 802678748RR0001
 The Foundation shall contact the relinquishing institution

