

## **Charitable Donation of Securities in Kind**

* Mandatory Fields Donor/Transferor Information								
Primary Account Holder - Last Name	* Fi	First Name *				Telephone		
						(	)	
Joint Account Holder - Last Name *	Fi	First Name *				Telephone		
						(	)	
Street Address	С	ity	Pro	V.	Country	Postal 0	Code	
Financial Institution Contact *			Tele	ephor	ne *	Email		
			(	)	)			
Financial Institution Name *			Acc	count	No.*	CUID		
		nization/Transfer	ee Info	orma	ation			
Name of Charitable Organization / Transferee *								
Street Address *	С	ity *	Pro	V. *	Country *	Postal (	Code *	
Charity Contact * Telepho					ne *	Email		
-			(	)	)			
Financial Institution Contact *			Tele	Telephone *		Email		
			(	)	)			
Financial Institution *			Acc	Account No. *		CUID		
Additional Settlement				.I			see attached *	
Instructions (as required)								
Request Details  • Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the								
transferee account indicated above.								
Note: Quantity should indicate share amounts for stocks, mutual funds and bonds.								
Quantity * Security Description *	/* Security Description *			CUSIP/Symbol/Fund Code *				
Additional Information						See	attached *	
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Information about Donations  NOTE: Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external								
institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market fluctuations.								
Donation/Transfer Authorization								
Primary Account Holder Signature * Date *					Date *			
Joint Account Holder Signature *				Г	Date *			

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NBIN-256 11/17 NBIN Donation