

Direction

I/We hereby authorize the transfer of securities from my account to the following account for Benefaction Foundation. I/We understand that all gifts are irrevocable. *(Call Benefaction for the appropriate account number and broker).*

Name of Delivering Institution <i>(Donor's Account)</i>	Account Name	Account Number
Name of Receiving Institution <i>(Benefaction's Account)</i>	Account Name	Account Number

- I/We direct this donation to the following Donor Advised Fund with Benefaction. I/We understand that this gift is governed by the Donor Agreement established between Benefaction Foundation and the Fund.

Fund Name

- I/We direct this donation to the following chariti(ies). I/We understand that Benefaction Foundation will receive a fee of up to 3% of the value of this donation and that a minimum fee of \$250 applies.

Charity Name 1	CRA Registration #
Charity Name 2	CRA Registration #
Charity Name 3	CRA Registration #

Security Details

Securities in-kind donations may include publicly listed shares, units in a mutual fund or bonds. Indicate if any securities are in certificate form.

Security 1 <i>(Description)</i>	Number of Units	Symbol (if known)	Estimated Value \$
Security 2 <i>(Description)</i>	Number of Units	Symbol (if known)	Estimated Value \$
Security 3 <i>(Description)</i>	Number of Units	Symbol (if known)	Estimated Value \$
Security 4 <i>(Description)</i>	Number of Units	Symbol (if known)	Estimated Value \$
Security 5 <i>(Description)</i>	Number of Units	Symbol (if known)	Estimated Value \$

- List attached *(if your list of securities requires more space, please provide on a separate page).*

Donor Details			
Title (<i>Mr., Mrs., Miss, Ms., Dr., Corporation¹</i>)		Full Name (<i>including initials</i>)	
Street Address		City	Province
Postal Code	Telephone Number	Email Address	Citizenship
Date of Birth (<i>mm/dd/yyyy</i>)		Relationship to Primary Donor	Social Insurance Number
Business Number*		Residency (<i>if different than mailing</i>)	
<input type="checkbox"/> Indicate if you are a third party donating to an existing Benefaction Donor Advised Fund. Information collected will be used to inform the primary donor of the Fund of your gift and to issue you with a tax receipt.			
<small>¹If your donation is coming from a joint account, please provide Donor Details for the person to whom Benefaction should issue the tax receipt. *If your donation is coming from a business account, your Business Number will be required.</small>			

Signature(s)	
I/We understand that this donation represents an irrevocable gift to Benefaction Foundation , a registered charity, and is not refundable to me.	
Donor(s):	Date (<i>mm/dd/yyyy</i>)
Unless Advisor verification is provided below, a valid Passport or Driver's License is required for signature verification. If a business, provide your Business Number along with copies of Corporate Resolution and Articles of Incorporation will be required if not previously provided.	
Advisor verification I hereby certify that the donor has provided to me the identification required by the appropriate regulatory body governing the Donor's Account and that this identification has been verified by me and has been retained by my firm.	
Advisor	IA Code
Date (<i>mm/dd/yyyy</i>)	
Firm, Branch and Contact Details	

Instructions
Please forward this completed and signed instruction, along with any other required documents, to Benefaction Foundation.