

Letter of Direction

This Letter of Direction is to be completed by the Donor or the Donor's representative and serves as authorization and instruction to transfer specified securities to Holland Bloorview Kids Rehabilitation Hospital Foundation. This completed Letter should be faxed to all three affected parties, as detailed below.

Faxed to: <My Broker>

Date: _____

AND

Email to: <Charity's Account Holder to Receive Transfer >
Aon Hewitt Investment Management Inc.
Email: DG-AH-Canada-PMTeam@aon.com
Attention: Ciarán P. Lynch

Date: _____

AND

Faxed to: <Charity>
(or email) Holland Bloorview Kids Rehabilitation Hospital Foundation
Fax: (416) 425-4531 Phone: (416) 753-6074
Attention: Donna Inch dinch@hollandbloorview.ca

Date: _____

This letter serves as authorization to transfer the following publicly-listed securities, currently owned by _____
_____, to the account of: **Holland Bloorview Kids Rehabilitation Hospital Foundation**

Account # BOQF7756002

HOLLAND BLOORVIEW KIDS FDTN OPERATING

Account Custodian:

Canadian Imperial Bank of Commerce

CUID #COMO Receiver/ Intermediary: CIBCCATT

Account with Institution: MELNUS3PGSS

Custodian Contact Information:

Josie La Rizza - Relationship Manager T: 416-643-5167
josie.larizza@cibcmellon.com

Investment Manager:

Aon Hewitt Investment Management Inc.

20 Bay Street, Suite 2300, Toronto, Ontario M5J 2N9

t +1.416.868.5500 f +1.416.868.5580

Please arrange to process this transaction immediately. This list of donated securities and transfer authorization is to be forwarded by the Delivering Institution to the Delivering Custodian (please copy this sheet to list more assets). Prior to the transfer please contact Aon Hewitt Investment Management Inc. to set up asset receipt instructions with CIBC Mellon.

_____ of _____ currently in account _____
units description of security acc't #, if known

Additional info, if known: Broker cuid _____ Security cusip# _____
(Broker, please provide to Aon Hewitt Investment Management Inc.)

Yours sincerely,

**If you are not a past donor to
Holland Bloorview, please also
provide your full name and mailing
address for tax receipting purposes.**

Your Name or Name of Corporation Signing Officers