

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

Fax to: <Charity's Account Holder to Receive Transfer >

(or Email)

Scotia Institutional Asset Management

Fax # (416) 933-7490 Email: siam@scotiabank.com

Attention: Portfolio Admin Team

Date: _____

AND

Fax 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 # 780 21 883 -13

HOLLAND BLOORVIEW KRH FOUNDATION #2

Account Custodian:

Scotia Trust Transit #81398

FINS #T525 CUID #BNSC

DTC #4816 Intermediary Code BNSG

Custodian Contact Information:

Stephen Lai - Securities: Stephen.lai@scotiawealth.com / (416) 866-7705

Investment Manager:

Scotia Institutional Asset Management,

a division of 1832 Asset Management L.P.

1 Adelaide Street East, 23rd Floor, Toronto, ON M5C 2V9

Contact Information:

Scotia Institutional Asset Management - siam@scotiabank.com

Portfolio Admin Team (416) 866-2422

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 email siam@scotiabank.com / Portfolio Admin Team at Scotia Institutional Asset Management to set up asset receipt instructions with Scotia Trust.

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

Additional info, if known:
(Broker, please provide to Scotia)

Broker cuid _____ Security cusip# _____

Yours sincerely,

If you are not a regular 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