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 Investments Canada Inc.  
Email: DG-AH-Canada-PMTeam@aon.com  
Date: ________________  
Attention: Svetlana Ghlijyan

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 Custodian: CIBC Mellon Trust  
CUID: COMO  
DTC: 954

For Account: BOQF7756002  
HOLLAND BLOORVIEW KIDS FDTN OPERATING

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

Investment Manager: Aon Investments Canada 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 Investments Canada Inc. to set up asset receipt instructions with CIBC Mellon.

__________________________________________________________
# units description of security currently in account: ________________________ acc’t #, if known

Additional info, if known: Broker CUID/DTC: ________________________ Security ID (e.g. Ticker/ISIN/SEDOL): ________________  
(Broker, please provide to Aon Investments Canada 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