



AUTHORIZATION TO DONATE SHARES / STOCK

Electronic transfer form

DONOR IDENTIFICATION

Surname	First name		
Address	City	Province	Postal Code
Phone / Cell	Email		

IDENTIFICATION OF THE SELLING BROKER

Delivering Institution	Account Number		
Address	City	Province	Postal Code
Contact	Phone		
Email			

DONATION DETAILS

Name of securities	Approximate value at transfer date		
	\$		
I, the undersigned, declare that the above-mentioned property belongs to me and that I may dispose of it at will, and that I give the said property to the Fondation Santé de la Vallée Massawippi (FSVM), a charitable organization registered under number 84263 7571 RR0001.			
Donor's signature	# of shares / units	\$ CAN	\$ USD
X			

ELECTRONIC TRANSFER INFORMATION

Foundation Broker	Account Number	CUID
Lorne Steinberg Wealth Management Inc.	Massawippi Valley Health Foundation CDN 6CTD4HA USD 6CTD4HB	NBCS
Address	Contact	Phone
1000, rue de la Gauchetière ouest, bureau 3310 Montréal (Québec) H3B 4W5	Daniel Thompson MBA CFA cert in ESG investing Vice President, Portfolio Manager - Lorne Steinberg Wealth Management Inc daniel.thompson@steinbergwealth.com	514 876-9888 1-866-876-9888 Cell 514 824-6522