MACKENZIE CHARITABLE GIVING PROGRAM TRANSFER OF SECURITIES FORM (Please complete one form per donor)



1. CLIENT (DONOR) INFORMATION

AST NAME ADDRESS GOCIAL INSURANCE NUMBER			FIRST NAME CITY PROVINCE/TERRITORY POSTAL CODE RESIDENCE TELEPHONE BUSINESS TELEPHONE			
2. TRANSFER FROM						
			ACCOUNT TYPE (TICK O	NE): 🖵 NOMINEI		NAME
ACCOUNT NUMBER						
RELINQUISHING INSTITUTION			ADDRESS OF RELINQUIS	SHING INSTITUTION		
CITY PROV	INCE/TERRITORY	POSTAL CODE	CONTACT NUMBER OF			
I authorize the relinquishing	institution to provide inform	mation to the Foundatior			KELINQUISHI	NG INSTITUTION
3. TRANSFER TO FOR BOOK BASED DELIV	ERIES USE: NON-ATON	TRANSFERS ONLY CL	JID: NBCS OR DTC: 50	008		
10205334			, B2B BANK SECURITIES SERVICES INC.			
ACCOUNT NUMBER			RECEIVING INSTITUTION			
199 BAY STREET, SUITE						
P. O. BOX 279 STN COM	MMERCE COURT		TORONTO	ON		M5L 0A2
DDRESS			CITY	PROVINCE/TER	RITORY	POSTAL CODE
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