

FUNDY COMMUNITY FOUNDATION



Share Transfer Authorization Form

Please complete this form and return via email to your broker, kirsten@fundycommunityfoundation.ca, Chris.Stuart@doherty.ca, and irene.buenaobra@nbc.ca

| Broker Institution Name: | |
|---|--|
| | |
| Contact Name:Phone Number: | |
| | |
| For (Name of Shares) | (No. of Shares) |
| From my Account number | to Fundy Community Foundation |
| account at National Bank Independent information below. | ndent Network (NBIN) as a 'free donation'. See |
| | ual Funds 9822 a nk Independent Network (NBIN) r, Toronto, Ontario M5X 1J9. |
| Address: | |
| Donor Authorization: | |
| Donor Signature | - Date |

Once completed, please email a copy of this document to kirsten@fundycommunityfoundation.ca, Chris.Stuart@doherty.ca, and irene.buenaobra@nbc.ca

NB: If CDS Participant number is required to effect this transfer, please contact Kirsten Rouse at Fundy Community Foundation, (506) 529-4896.