



**Authorization to transfer non-registered asset**

Please complete this form if you want to donate shares to Health Partners International of Canada (HPIC). The gift must be made by transferring shares from your brokerage account to HPIC's account at RBC Direct investing. Please provide full information about the delivering institution so RBC Securities can identify the items transferred as soon as possible. Delivery is to be made by the delivering institution, of all securities as instructed herein. Please fax to the Receiving Institution and to HPIC.

**Please note:** The information on this form may be scanned electronically. Please print neatly to ensure complete accuracy.

**Donor's name and full mailing address**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Delivering Institution** (Please provide the full name, address and branch and account number from which the transfer is being made)

Institution \_\_\_\_\_ Phone \_\_\_\_\_  
 Branch \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Account Number at delivering institution \_\_\_\_\_ FINS # \_\_\_\_\_

**Receiving Institution**

**RBC Direct investing Inc.  
 1 Royal Bank Plaza  
 200 Bay St.  
 P.O.Box 75  
 Toronto, ON M5J 2Z5**

Tel (800) 769-2560 Fax : (888) 722-2388  
 Contact: Security Registration Department  
 Account # 68480170 1-5 FINS # T002 (for CDN\$)

**Contact at HPIC – Joe Tabet – Tel 1-800-627-1787 – Fax 1-514-822-0939**

- Instructions were sent by fax  Instructions were sent by mail
- Instructions were delivered in person  Instructions were phoned in on \_\_\_\_\_ (date)
- Certificate(s) are enclosed (if actual share certificates are being sent)

Please provide the following information for the items to be transferred:

Number of shares/units	Symbol or Name of security	CUSIP #	Other

**Donor Authorization**

I hereby authorize the transfer of the above described investments from my account(s)

Signature of donor/account holder \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Co-owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_