

Security Transfer Request – Letter of Direction

SECTION 1: (To be completed by donor)

Donor Name _____ Donor Brokerage Account _____

Broker Firm _____ Broker Phone _____

Broker Address _____ Broker Fax _____

Broker Contact Name _____

TRANSFER INSTRUCTION: (Please use a separate form for each security)

Security Name _____

Units _____ * Price per unit \$ _____ = Total Value \$ _____

Date of Transfer Request _____

Section 2: (For action by broker)

Transfer To Scotia Trust Transit # 81398-124 611 9

Electronic Share Transfer Canadian Securities: CDS/DCS: T525/BNSC **OR**
US Securities: DTC account, participant 4816, Agent 53440

Transfer To Scotia Asset Management
Beneficiary Account # ADP: 780 11009 13
in the name of University of Ottawa Heart Institute Foundation - Endowment (IC514N)

PLEASE PHONE, EMAIL OR FAX TO

University of Ottawa Heart Institute Foundation
Attention: Mr. David Bennet - Finance
40 Ruskin Street RM 2406
Ottawa, ON, K1Y 4W7
Phone 613.761.4426
Fax 613.761.4907
dbennet@ottawaheart.ca

Scotia Asset Management
Attention: Ms. Marianne Neilans -Administrator
5200 - 40 King Street W
Toronto, ON, M5H 1H1
Phone: 416.933.7306
Fax: 416.933.7490
marianne_neilans@scotiaAM.com

Donor Signature

Date