

Securities Transfer Form



SIMON HOUSE
RECOVERY CENTRE
empowering men to recover for life

Date: _____

Donor Contact Information:

Title: _____ Name: _____

Address: _____

Email: _____

Phone(s): _____

Broker Contact Information:

Name: _____

Address: _____

Email: _____

Phone(s): _____

RE: Letter of Release for a Securities Transfer to **Simon House Recovery Centre**.

Please accept this letter as your instructions to transfer the following securities (name of shares):

Number of shares _____ from my account number to:
Simon House Residence Society o/a Simon House Recovery Centre
at the brokerage listed below.

It is important that this transaction is completed no later than _____
(date): _____

Area of Support: Greatest Need OR Other: _____

Delivery Instructions:

Donor's Signature: _____

CIBC Wood Gundy:

Account number: 751-05660-16

Account name: SIMON HOUSE RESIDENCE SOCIETY

Address: 5819 Bowness RD NW, Calgary AB T3B 0C5

Contact:

Aurie Wicks

(403) 266-0104, aurie.wicks@cibc.com

Receiving Institution Information:

CIBC Account Transfer Department

Brookfield Place, PO Box 500

161 Bay Street, 4th Floor

Toronto, ON M5J 2S8

FINS #: T079

DTC #: 5030

CUID: WGDB

EUROCLEAR #: 10034

FEDWIRE: BK OF NYC/WGI, ABA # 021000018

DEALER #: 9380

REP CODE: LVA

Please provide copies and contact information to:

Simon House Recovery Centre

5819 Bowness RD NW, Calgary, AB T3B 0C5

Telephone: (403) 247-2050 ext. 104

Fax: (403) 247-2104