

- Receipt of physical securities
- Delivery of physical securities
- Transfer of securities between clients

DECLARATION OF DONOR/TRANSFEROR

I, the undersigned, _____, give/transfer the following security/
Full name of donor/transferor (please print)
 securities to **Balmoral Hall School for Girls**

SELECT THE TYPE OF TRANSFER:

- Transfer of security/securities (electronic) Transfer of physical security/securities
- Partial transfer Full transfer

Description of the security/securities	Quantity	Certificate No(s). (if physical)

SELECT ONE OF THE FOUR (4) EXCEPTIONS FROM AMONG THE CHOICES BELOW:

1. **DONATION OR SECURITIES TRANSFER TO AN IMMEDIATE FAMILY MEMBER**
 In the case of a donation, I hereby declare that at no time will I receive compensation of any kind whatsoever, be it direct or indirect, as consideration for this gift.
- Family relationship to donee: Spouse Child Sister
 Father Grandparent Brother
 Mother

I hereby confirm that I have a family relationship with the donee or the transferee as indicated above and I assume full responsibility for this declaration.

 Signature of the donor, transferor or authorized person

 Date

2. **TRANSFER WITHOUT CHANGE OF BENEFICIARY**
 I hereby certify that this transfer of the above listed security/securities does not involve any change of beneficial ownership.

3. **SITUATION CREATED BY THE APPLICATION OF A LAW OR REORGANIZATION**
- Merger, acquisition, dissolution, tax rollover
 - Divorce settlement
 - Administration of a trust, curatorship or tutorship
- Specify the supporting document(s) that are attached to this form (E.g., Deed of trust, accounting letter, etc.):

4. **DONATION TO A CHARITABLE ORGANIZATION DULY REGISTERED WITH CANADA REVENUE AGENCY (CRA)**
 Registration No. with CRA: **BN 12994 3932 RR0001**

Subsequent to the above, I instruct National Bank Financial to transfer the security/securities described above.

I hereby certify that I have read, understood and fully agree with the declaration stated above.

 Signature of the donor, transferor or authorized person

 Date

To be completed by the investment advisor	
Does the donor or transferor hold an account at NBF? <input type="checkbox"/> Yes Account No. _____ <input type="checkbox"/> No*	
Does the donee or transferee hold an account at NBF? <input checked="" type="checkbox"/> Yes Account No. 11-XQGK-A <input type="checkbox"/> No*	
Transfer of security/securities:	
Calculation of the fair market value (FMV) = Quantity _____ X price \$ _____ = \$ _____ Date _____	
Calculation of the fair market value (FMV) = Quantity _____ X price \$ _____ = \$ _____ Date _____	
Transfer of security/securities between two (2) clients:	
Request No. in EI: _____	
I hereby certify that I have verified the fair market value of the security/securities being transferred.	
_____	_____
First and last name of investment advisor (please print)	Signature of investment advisor
	Date

* To be completed by branch operations personnel (upon receipt of physical certificates)	
Verification of OSFI list for the donor: <input type="checkbox"/> Yes (attach supporting document) <input type="checkbox"/> No	
Verification of OSFI list for the donee: <input type="checkbox"/> Yes (attach supporting document) <input type="checkbox"/> No	
_____	_____
First and last name of the employee who made the verification (printed)	Signature of the employee
	Date