SAULT AREA HOSPITAL FOUNDATION

DONATION OF PUBLICLY TRADED SECURITIES

RUSH

Please complete this form for use as Authorization to facilitate a timely transfer. Transfer requests that do not contain the information requested herein may result in delayed deliveries. The date of your donation will be the date the securities are deposited into the Foundation's account. The securities will be valued using the price at closing on the day the gift of securities is received by the Foundation's investment firm. This will be the amount used for the charitable receipt.

PLEASE TRANSFER THE FOLLOWING POSITION

Description:			Quantity:			
Symbol:	Exchange:		CUSIP:			
DELIVERING INSTITUTION						
Delivering Institution Name:						
Account Name:						
Account Address:						
Account #:		CUID:		FINS/DTC:		
Contact Name:		Phone:		Fax #:		
RECEIVING INSTITUTION	INFORMATION					
Receiving Institution Name:	RBC Dominion Securities					
Account Name:	RBC Dominion Securities					
Account Address:	432 Great Northern Road, Sault	t Ste. Marie, ON	N P6B 4Z9			
Account #:	615-20080-1-4	CUID:	DOMA	FINS/DTC:	5002	
Contact Name:	Wendy LaRochelle	Phone:	705-759-1261	Fax #:	705-759-	0699
ADDITIONAL INFORMAT	ION/INSTRUCTIONS					
Donor Name:				Same	as above:	
Donor Address:				Same	as above:	
Other:						
CONTRIBUTING CLIENT	AUTHORIZATION					
Client Signature:			Date:			
<i>Next Step</i> To help expedite this on behal	f of the Sault Area Hospital Found	lation, please f	ax or email a com	pleted copy	of this form	n to:

1. Wendy LaRochelle, Administrative Assistant, RBC Dominion Securities, 705-759-1261 or wendy.larochelle@rbc.com and

- 2. Your Delivering Institution's Client Transfer Services Transfer-Out Department, and
- 3. Sault Area Hospital Foundation, Attention: Tristan Grandinetti, Financial Analyst, 705-759-3848 or foundation@sah.on.ca

Thank you very much for your support.

