Letter of Direction

This Letter of Direction is to be completed by the Donor or the Donor’s representative and serves as authorization and instruction to transfer specified securities to Holland Bloorview Kids Rehabilitation Hospital Foundation. This completed Letter should be faxed to all three affected parties, as detailed below.

Faxed to: <My Broker>  
_________________________________________  Date: ______________

_________________________________________

AND

Fax to: <Charity’s Account Holder to Receive Transfer>  
Scotia Institutional Asset Management  Date: ______________
Fax # (416) 933-7490  Email: siam@scotiabank.com  
Attention: Portfolio Admin Team

AND

Fax to:  
Holland Bloorview Kids Rehabilitation Hospital Foundation  Date: ______________
Fax: (416) 425-4531  Phone: (416) 753-6074  
Attention: Donna Inch  dinch@hollandbloorview.ca

This letter serves as authorization to transfer the following publicly-listed securities, currently owned by ______________________, to the account of: Holland Bloorview Kids Rehabilitation Hospital Foundation

Account # 780 21 883 -13  
HOLLAND BLOORVIEW KRH FOUNDATION #2

Account Custodian:  
Scotia Trust Transit #81398  
FINS #T525 CUID #BNSC  
DTC #4816 Intermediary Code BNSG

Custodian Contact Information:  
Stephen Lai - Securities: Stephen.lai@scotiawealth.com / (416) 866-7705

Investment Manager:  
Scotia Institutional Asset Management, a division of 1832 Asset Management L.P.  
1 Adelaide Street East, 23rd Floor, Toronto, ON M5C 2V9

Contact Information:  
Scotia Institutional Asset Management - siam@scotiabank.com  
Portfolio Admin Team (416) 866-2422

Please arrange to process this transaction immediately. This list of donated securities and transfer authorization is to be forwarded by the Delivering Institution to the Delivering Custodian (please copy this sheet to list more assets). Prior to the transfer please email siam@scotiabank.com / Portfolio Admin Team at Scotia Institutional Asset Management to set up asset receipt instructions with Scotia Trust.

# units of ______________ currently in account ______________

Additional info, if known:  
Broker cuid __________  Security cusip# ______________

If you are not a regular past donor to Holland Bloorview, please also provide your full name and mailing address for tax receipting purposes.

Yours sincerely,

______________________________
Your Name or Name of Corporation Signing Officers