

Share Donation Transfer Form

| Donor Information: | |
|--|---|
| Donor Name: | |
| Address: | |
| Telephone: E | mail Address: |
| Details of Donated Shares: | |
| Description of Shares: | |
| CUSIP Number: | # of Shares: |
| Name of person you may be sponsoring: Address: | |
| Do you, the donor, give permission for I you are sponsoring? ☐ Yes ☐ N | ΓFF to release the dollar value of your donation to the person lo |
| Delivering Institution: | |
| Institution Name: | Account #: |
| Address: | |
| FINS or DTC #: | |
| Contact Name: | Contact E-mail: |
| Contact Telephone: | Contact Fax: |
| Receiving Institution: | |
| Institution Name: Canaccord Genuity | |
| Account Name: The Terry Fox Founda | ation Account #: 20N-711A-2 |
| DTC #: 5046 | CUID #: CCAM |
| Contact Name: Liz Helmel | Contact E-mail: lhelmel@cgf.com |
| Contact Number: 604-643-7446 | Contact Fax Number: 604-643-1817 |
| The Terry Fox Foundation contact info: | |
| Contact Name: Amy Haines | Contact E-mail: amy.haines@terryfox.org |
| Contact Number: 604-245-0146 | |
| Authorization: | |
| donated shares will be valued at their closing p | e Terry Fox Foundation. I understand that upon receipt, the rice as of the date of the donation and a tax receipt will be ada Revenue Agency's tax receipting guidelines. |
| Signature: | Date: |
| | |

^{**} Please submit the completed form to Liz Helmel at Canaccord Genuity and to The Terry Fox Foundation **