GIFT OF SECURITIES

Notification of Securities Transfer



INSTRUCTIONS

<u>University Contact Information</u> <u>University Broker Contact Information</u>

Please e-mail, fax or send this completed form to : CIBC Wood Gundy O Bergstrand

Josselyn Foscolo A/C : 475-02011-15 Tel.: 613-783-7840

Manager, Gift Processing CUID: WGDB Toll Free: 1-800-267-9345 poste 7840

Advancement Services 190 Laurier Avenue East FIN: T079 Fax: 613-239-2917

Tel.: 613-562-5800 (3262)

Ottawa, ON

DTC: 5030 (for us transfers)

Email: lorrie. bergstrand@cibc.ca

Account name: Université d'Ottawa

Fax: 613 562-5127 Email: securities@uOttawa.ca

University of Ottawa Charity Registration Number: 11927 8877 RR0001

Discount Broker

If your donation is done through a Discount Broker, please ask your Discount Broker for the appropriate form required to initiate the transfer from your account. You will need to include our CIBC account number above.

Valuation

The value of your charitable tax receipt will be based on the market closing price on the day that uOttawa receives your stock or securities in its brokerage account.

* Please note that this form is for the University of Ottawa's records and does not initiate the transfer of securities.

DONOR INFORMATION					
Last	First Name	2			
	Street Address			Apartment, Unit #	
City		Province		Postal Code	
Phone	Cell.	Fax		Email	
TYPE OF SECURITY I PLAN TO DONAT	ГЕ				
Number of Shares	Name of Secur	Name of Security		Exchange	
Broker's Name		Financial Institution			
Address		City	Province	Postal Code	
Phone		Fax	Email		
	Purpose	of Gift or Designation			
	Donor's Signature		Date		

---- OFFICE USE ONLY ----



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DEVELOPMENT				
Name of Executive Director or Director, Development		Signature		Date
GIFT PROCESSING				
Raiser's Edge Constituent I.D.	<u> </u>			
Existing Fund				
New Fund to be created	Raiser's Edge Fund I.D.		FOAP Ва	nner Code
TREASURY				
Number of shares Nam	ne of security		Date Received	Value upon Receipt
Sale Date Net Sale Proceeds	_			
Name of Treasurer		Signature		Date
FINANCIAL SERVICES				
FINANCIAL SERVICES				
Transfer Date Trans	fer Value	_	A	ccount (FOAP)
Name of Director		Signature		Date
		USE ONLY of 2		