

# SECURITY/MUTUAL FUND TRANSFER REQUEST

**Give the gift of time  
in just three steps...**

**Step 1**

Complete all sections of this form. This can be done with your broker/advisor.

**Step 2**

Send this completed form to:

**Selva Trebert-Sharman**  
[strebert@ottawaheart.ca](mailto:strebert@ottawaheart.ca)  
613-696-7251

**University of Ottawa Heart  
Institute Foundation**  
40 Ruskin Street,  
Ottawa, ON K1Y 4W7

Security/Funds are transferred anonymously. Sending us this completed form will ensure you receive an official tax receipt.

**Step 3**

Email or fax the completed form to your broker or advisor.

**NOTE:** Securities/Funds may be returned to transferring institution if a copy of this letter has not been faxed to Edward Jones. Failure to provide sufficient details on this letter may also result in failure to settle.

**BROKER /ADVISOR**

- Please email or fax this completed form to:

**Edward Jones**  
**Attention: Steve McIlroy**  
[steve.mcilroy@edwardjones.com](mailto:steve.mcilroy@edwardjones.com)  
**Fax: 1-877-730-4732**  
**Phone: 613-742-6811**  
**266 Beechwood Ave., Unit 201**  
**Ottawa, ON K1L 8A7**

**SECTION 1 (TO BE COMPLETED BY DONOR)**

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Donor's Brokerage Firm: \_\_\_\_\_

Donor's Broker/Contact: \_\_\_\_\_

Donor's Brokerage Account # \_\_\_\_\_

Brokerage Address: \_\_\_\_\_

Brokerage Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Broker's Email Address: \_\_\_\_\_

**TRANSFER INSTRUCTION (Please use a separate form for each Security):**

Security/Fund Name: \_\_\_\_\_

CUSIP/ISIN/SEDOL Number: \_\_\_\_\_

Quantity: \_\_\_\_\_ Date of Transfer Request: \_\_\_\_\_

**SECTION 2 (TRANSFER DETAILS FOR BROKER)**

Electronic Share: Canadian/US Dealer Rep Code 9844/3Y7

Transfer To: Edward Jones  
FAX: 1-877-730-4732

In the name of University of Ottawa Heart Institute Foundation  
Beneficiary Account# 20664773-1-2 Branch 04241

FINS # T713

DTC # 5012

CUID # EDJC

*Please ensure you have the most recent version of this form, with the most up to date account information, by downloading the form from our website at the time of your gift.*

**DONOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Thank you for your kind consideration.*

**If you have any questions regarding this form or your donation, please contact:**  
Selva Trebert-Sharman, University of Ottawa Heart Institute Foundation at  
613-696-7251 or [strebert@ottawaheart.ca](mailto:strebert@ottawaheart.ca)