

Gifts of Publicly-Traded Securities and Mutual Funds

The Schlegel-UW Research Institute for Aging (RIA) is grateful for your gift of securities. Under current tax regulations, your donation of publicly traded securities is exempt from capital gains tax only when you transfer the securities in-kind. A charitable donation receipt for income tax purposes will be issued based on the fair market value of the securities on the date (closing price) the securities are received in the RIA's brokerage account. As per the RIA's policy, your gift of securities will be immediately sold by the RIA.

To donate publicly traded securities, follow these three steps:

1. Please instruct your broker to complete the transfer of the securities in-kind to CIBC Wood Gundy per the account details on the Notification of Gift of Securities page.
2. Email copy of the Notification page to Wes Gee, Senior Portfolio Manager, CIBC Wood Gundy at Wes.Gee@cibc.ca.
3. For questions about the gift of securities transfer process, please contact Wes Gee's office at CIBC Wood Gundy at 519-570-5615 or at Wes.Gee@cibc.ca.

If you have any questions, please contact Tina Mah at 519-904-0660 or at tina.mah@the-ria.ca. Thank you for supporting the RIA.

Charitable Registration Number: 841471212RR0001.

Charitable Donation of Securities

Notification of Gifts of Securities

Securities being transferred from:

Name of delivering institution: _____

Broker's full name: _____

Broker's telephone number: _____

Name of the Securities: _____

CUSIP: _____

Number of shares/units: _____

Date of transfer: _____

Securities being transferred to:

Broker: CIBC Wood Gundy

Contact:

Wes Gee, Senior Portfolio Manager

150 Caroline St. South, 3rd Floor, Waterloo, ON, N2L0A5

Telephone: 519.570.5615

Toll-free: 1-800-265-2433

Email: Wes.Gee@cibc.ca

Account name: Schlegel-UW Research Institute for Aging Foundation

Account number: 460-05481-29

FINS: T079

CUID: WGDB

DTC: 5030

EUROCLEAR: 10034

FEDWIRE: BK of NYC/WGI

ABA # 021000018

DEALER: 9280

REP CODE: KT4

Donor information

Your name: _____

Address: _____

City

Province

Postal code

Telephone: _____ Email: _____

Authorization

Signature Date