



Gift of Publicly Listed Securities to  
The Stream of Dreams Murals Society  
(for Canadian listed securities only)

*In order to initiate your gift transfer, please complete this form to send to your broker and return a copy to:*

*Stream of Dreams Murals Society  
182 – 5489 Byrne Rd.  
Burnaby, BC V5J 3J1*

*Your broker will be able to provide certain information such as the CUSIP AND FINS numbers.*

*Unexpected and/or unidentifiable transfers may make it difficult for the Charity to issue the appropriate tax receipt.*

*Please contact The Stream of Dreams Murals Society at 604 434-4304 with any questions about the gift of securities transfer process.*

*All donated securities are sold upon receipt. The net proceeds from our sale of your donated securities will be the amount of your gift and will be directed to the fund you designate. This value may be higher or lower than the value of your charitable gift receipt, which is determined by the closing price on the day that the Society receives the shares into our account.*

*A member of the Stream of Dreams Murals Society will contact you immediately once the securities have been received.*

*Your broker may contact Norman Duncan or Jay Spissinger at Canaccord Capital at 604-643-7779 with any concerns.*

To: \_\_\_\_\_  
Name of Brokerage/Delivering Custodian

Attention: \_\_\_\_\_  
Name of Contact Person at Brokerage/Delivering Custodian

**Instructions to the following Broker/Delivering Custodian**

I hereby give authority to deliver free the following securities to Canaccord Capital Corp. (FINS#: T033 CUIDS: CCAX DEALER #: 9335 IA CODE: VC24) for credit to account # 17P-607A-8 The Stream of Dreams Murals Society. Please deliver free:

Security: \_\_\_\_\_ Cusip: \_\_\_\_\_

Market Symbol: \_\_\_\_\_ Number of Shares/Units to transfer: \_\_\_\_\_

**Donor/Client Information**

Name of donor/client for charitable receipting purposes:  
\_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Broker/Delivering Custodian Information**

Name of Firm: \_\_\_\_\_ FINS #: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Client Account Number: \_\_\_\_\_

**Gift Designation**

Top Priority of Stream of Dreams Murals Society  
or  
 Specific Fund or Purpose: \_\_\_\_\_

(please specify)

**Authorization of Donor/Client**

\_\_\_\_\_  
Signature Day/Month/Year

Mail or fax a copy of this form to your broker and to: The Stream of Dreams Murals Society, 182-5489 Byrne Rd. Burnaby, BC V5J 3J1 Phone/Fax: (604) 434-4304  
[www.streamofdreams.org](http://www.streamofdreams.org) [info@streamofdreams.org](mailto:info@streamofdreams.org)