

LETTER OF DIRECTION AND AUTHORITY

TO:	Tranferring Financial Institution	n Name	
	Address		
	City, Province, Postal Code		
	City, i Tovinec, i Osiai Coae		
	Contact Name & Phone #		
Name	of Transferor/Donar		
Acct	# of Transferor/Donor at Trans	sferring Institution:	
This v	this will be your good and sufficient authority to transfer in-kind the following: a. List of stock, mutual fund		
	b. CUSIP/ISIN/SEDOL#		
	c. # of shares/units		
This t Ltd.	ransfer is to be made to the Co	llgary Humane Society account held by Mawer Investment Management	
Receiving Institution Delivery Details:			
	Name: Address: Phone Number: For CDN Assets CUID: For USD Assets DTC: To Credit Calgary Humane!	Fidelity Clearing Canada ULC 483 Bay Street, 2 nd Floor, Toronto ON M5G 2N7 416-216-2620 FIDC 5040 Society, Account Number: F2E-0309-A	
	e Fax or Email Completed Forr		
• Pleas		<u>a;</u> Fax 416-217-7440 Attn: Transfers	
 institutionalpma@mawer.com; Fax: 403-267-6090 Attn: John Martinko Donate@calgaryhumane.ca; Fax 403-723-6050 Attn: Fund Development 			
Sign	ature of Donor	Date	