

LETTER OF DIRECTION AND AUTHORITY

TO:	Tranferring Financial Institution Name	
	Address	
	City, Province, Postal Code	
	Contact Name & Phone #	
Name	of Transferor/Donar	
Acct	# of Transferor/Donor at Tran	sferring Institution:
This	vill 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	algary Humane Society account held by Mawer Investment Management
Recei	ving Institution Delivery Details	S:
	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
Pleas	e Fax or Email Completed Form	
Pleas	e CC: institutionalpma@mawer.cor	<u>a;</u> Fax 416-217-7440 Attn: Transfers <u>m;</u> Fax: 403-267-6090 Attn: Chelsea Volk ; Fax 403-723-6050 Attn: Fund Development
Sian	ature of Donor	Date