



# Scouts Canada Transfer of Securities Form

## Receiving Institution Information

BMO Investorline  
First Canadian Place  
100 King St. West, Floor B1  
Toronto, ON M5X 1H3

CUID: **NTDT** DTC Code: **5043**  
Contact Name: **BMO Investorline**  
Contact Fax Number: **416-359-5607**

Organization name: **Scouts Canada**  
Address: **1345 Baseline Road**  
City: **Ottawa** Province: **ON** Postal Code: **K2C 0A7**  
Phone: **613-224-5131** ex. **290**  
Fax: **613-224-3571**  
Contact: **Ashley Ferguson, Senior Fundraising Coordinator**  
Charitable Registration Number: **10776 1694 RR0028**

## Mutual Funds

### New Registration

Dealer Name: **BMO Investorline**  
Dealer Account Number: **22581490**

This is my authorization to you to deliver to the receiving institution the securities you are carrying for me and for the receiving institution to receive this securities. This includes all securities inclusive of mutual funds. These instructions are given subject to the receiving institution's approval of my account(s).

Account # at Delivering Institution	Account # at Receiving Institution	ALL	CDN\$ Only	US\$ Only	Other
1	22581490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	22581490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	22581490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Transfers in Kind

Dollars      Investment Amount:      Symbol and/or Certificate Number or Policy Number  
 Units/Shares      \$

Investment Description:

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 Units/Shares      \$

Investment Description:

I authorize the transfer as above.  
Signature of Account Holder:

Date:

Signature Guarantee Stamp: