AGAPE CENTRE (HELP TO THE NEEDY) CORNWALL INC

SECURITY TRANSFER REQUEST-LETTER OF DIRECTION

Section 1: (TO	BE COMPLETED DONOR)		
Donor Name		Donor Brokerage	Account
Broker Firm			
Broker Address		Broker Fax	
Broker Contac	t Name	<u> </u>	
TRANSFER INS	STRUCTION: (Please use a separate form	for each security)	
	•	= Total Value \$	
	er Request	•	
·	:		
SECTION 2: (FC	DR ACTION BY BROKER)		
Electronic Shar Transfer Transfer To	FINS #T009 CUID NTDT DTC 5 BMO Nesbitt Burns Beneficiary Account # 4952380	915	
PLEASE EMAIL	OR FAX TO THE FOLLOWING RECIPIENT	S INCLUDING YOUR BROKER:	
Agape Centre		BMO Nesbitt Burns	
Attention:	Lisa Duprau, Executive Director 40 Fifth Street Cornwall, ON K6J 2T4	Attention: Debbie Legue 100-55 Water Street We Cornwall, ON K6J 1A1	st
Phone	613-938-9297	Phone 613-938-8607	·
Fax		Fax 613-938-5645	
Email	lduprau@agapecentre.ca Er	nail debbie.legue@nbpcd.com	
Name and Add	ress for Charitable receipt		
Donor Signature		Date	
Note: Securi	ties may be returned to transferring incl	titution if a copy of this letter has not been far	