

Letter of Direction

This Letter of Direction is to be completed by the Donor or the Donor's representative and serves as authorization and instruction to transfer specified securities to Holland Bloorview Kids Rehabilitation Hospital Foundation. This completed Letter should be faxed to all three affected parties, as detailed below.

Faxed to: <My Broker>

Date: _____

AND

Faxed to: <Charity's Account Holder to Receive Transfer >
Scotia Asset Management
Fax # (416) 933-7490
Attention: Lindsay Power-Harding

Date: _____

AND

Faxed to: <Charity>
Holland Bloorview Kids Rehabilitation Hospital Foundation
Fax # (416) 425-4531
Attention: Donna Inch

Date: _____

This letter serves as authorization to transfer the following publicly-listed securities, currently owned by _____
_____, to the account of: **Holland Bloorview Kids Rehabilitation Hospital Foundation**

Account # 780 21 883 -13

HOLLAND BLOORVIEW KRH FOUNDATION #2

Account Custodian :

Scotia Trust Transit #81398
FINS #T525 CUID #BNSC
DTC #4816 Intermediary Code BNSG

Custodian Contact Information :

Pam Dhanpal- Securities 416-945-4387

Investment Manager:

Scotia Asset Management
40 King Street West , 38th Floor Scotia Plaza, Box 4085, Station A
Toronto, Ontario M5W 2X6

Contact Information:

Lindsay Power-Harding, Portfolio Administrator (416) 933-2627 or
Ed Calicchia, Portfolio Manager (416) 933-2238

Please arrange to process this transaction immediately. This list of donated securities and transfer authorization is to be forwarded by the Delivering Institution to the Delivering Custodian (please copy this sheet to list more assets). Prior to the transfer please contact Lindsay Power-Harding (416) 933-2627 (lindsay.powerharding@scotiabank.com) at Scotia Asset Management to set up asset receipt instructions with Scotia Trust.

_____ of _____ currently in account _____
units description of security acc't #, if known

Additional info, if known:
(Broker, please provide to Scotia)

Broker cuid _____ Security cusip# _____

Yours sincerely,

If you are not a regular past donor to Holland Bloorview, please also provide your full name and mailing address for tax receipting purposes.

Your Name or Name of Corporation Signing Officers