



The Pacific Alzheimer Research Foundation

1095 West Pender Street - Suite 210
Vancouver, BC V6E 2M6
Telephone: (604) 678-8138
www.PARF.com

Letter of Direction

I, _____, hereby make a donation of securities in kind.

Please transfer the following position:

Description (1): _____

Quantity: _____ CUSIP/ISIN: _____

Description (2): _____

Quantity: _____ CUSIP/ISIN: _____

Delivering Institution Information

Delivering Institution Name: _____

Account Name: _____

Account #: _____ Delivering Institution CUID or DTC: _____

Contact Name: _____ Phone Number: _____

Email: _____

Receiving Institution

Receiving Institution: Credential Securities Inc.

Receiving Institution Address: 700-1111 West Georgia Street Vancouver, BC V6E 4T6

Account Name: The Pacific Alzheimer Research Foundation- Donation Account Account: 511-744A-1

CRA Charity Registration: 857987978RR0001 Receiving Institution CUID or DTC: CRED/5083

CDCC: 088 US OPTION CMTA: 0443 Contact: Maria Montano

Phone: (604) 742 - 8230 Fax: (604) 714-3801 Email: mmontano@credential.com

Contributing Donor Contact Information

Donor's Legal Name (s): _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Contributing Donor Authorization

Donor Signature: _____

Date: _____

Donor Signature: _____

Date: _____