

Gifts of Securities To LEUKEMIA & LYMPHOMA SOCIETY OF CANADA Suite 300, 55 St. Clair Avenue West Toronto, ON M4V 2Y7 Tel: 1-833-222-4884

This form is to be completed by the Donor or the Donor's representative and serves as authorization and instruction to transfer specified securities to The Leukemia & Lymphoma Society of Canada. This completed form should be faxed to all affected parties, as detailed below. Any questions can be directed to RBC Direct Investing Inc. Customer Service at 1-800-769-2560

Faxed to:	My Broker (D	Oonor)		
			Date:	_ AND
Faxed to:	LLSC's Accou RBC Direct In Fax # 888-72	•	Date:	_ AND
		count Transfers		
Email to:	Attention: Accounts Rec cc: florence.v	ta & Lymphoma Society of Canada ceivable (ARCanada@lls.org) wong@lls.org	Date:	
		, to the account of:	cry-listed securities, currently ow	neu by
Account # 68	89-46408-19	The Leukemia & Lymphoma Soc	iety of Canada	
Account Custodian:		RBC Direct Investing Inc. CUID: DOMA Dealer Rep 9190 Royal Bank Plaza 200 Bay Street, North Tower PO Box 75 Toronto, Ontario M5J 2Z5		

Attn: Account Transfer Dept

Please arrange to process the following assets "in kind" (as is) to the RBC Direct Investing account listed above. This list of donated securities and transfer authorization is to be forwarded by the delivering institution to the delivering custodian (please copy this sheet in order to list more assets).

	_Of		currently in account	t
# units/shares		description of security		acc't # if known
# units/shares	_Of _	description of security	currently in account	acc't # if known
# units/shares		description of security	currently in account	acc't # if known
# dilicaj andrea				
# units/shares	_Of _	description of security	currently in account	acc't # if known
	_Of _		currently in account	<u> </u>
# units/shares		description of security		acc't # if known
	_Of		currently in account	t
# units/shares		description of security		acc't # if known
I hereby requ Yours sincere		he transfer of my acco	ount and its assets as descr	ibed above.
Authorized Signate	ure		Da	ate
Print Name				
Donor Conta	ct Inf	ormation for Tax Reco	eipting Purposes:	
Name:				
Address:				
Telephone:				
Email:				