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## VOLUNTARY DONATION TO CHARITABLE ORGANIZATION

700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

1. ACCOUNT	DETAILS			
Name of Charita	ole Organization ("0	Grantee")		
Address			Oib.	Destribus Destri Code
Address  2. RECEIVING INSTITUTION			City	Province Postal Code
2. RECEIVING INSTITUTION				
			T	ı
Aviso Financial Inc. Name			700 - 1111 West Georgia Street, Vancouver, BC, V6E 4T6 Address	Phone
1		1		I
7799 Dealer Number	5083 DTC Number	CRED	Contact Name	Fax
Grantee Account	Number			
3. DELIVERING INSTITUTION				
Name			Address	Phone
Dealer Number	DTC Number	CUID	Contact Name	Fax
Grantor Account	Number		Grantor Account Name	
4. DESCRIPTION OF SECURITIES				
4. DESCRIP	TION OF SECURI	TIES		
Quantity	Symbol / CUSIF		Security Description	
			Security Description	
Quantity			Security Description	
Quantity  5. DELIVERI	Symbol / CUSIF			Institution to transfer the securities
Quantity  5. DELIVERI	Symbol / CUSIF		Security Description  cribed above and declare that it is done without any compensation and give instructions to the Receiving	Institution to transfer the securities
Quantity  5. DELIVERI I, the undersigne	Symbol / CUSIF			Institution to transfer the securities
Quantity  5. DELIVERI  I, the undersigne described above to	Symbol / CUSIF  NG INSTITUTION d Grantee, accept o my account.			
Quantity  5. DELIVERI  I, the undersigne described above to the signature of Granting Signature Si	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.	the donation desc		Date (dd/mm/yyyy)
Quantity  5. DELIVERI  I, the undersigne described above to the signature of Grant, the undersigned.	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.	the donation desc	bribed above and declare that it is done without any compensation and give instructions to the Receiving	Date (dd/mm/yyyy)
Quantity  5. DELIVERI  I, the undersigne described above to the signature of Grant, the undersigned.	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.  ntee	the donation desc	bribed above and declare that it is done without any compensation and give instructions to the Receiving	Date (dd/mm/yyyy)
Quantity  5. DELIVERI  I, the undersigne described above to the signature of Grant, the undersigned.	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.  ntee I Grantor, authorize ithout any compens	the donation desc	bribed above and declare that it is done without any compensation and give instructions to the Receiving	Date (dd/mm/yyyy)  splete the transfer. I declare that the
Quantity  5. DELIVERI  I, the undersigne described above to the standard of Grant I, the undersigned transfer is done with the standard of Grant I, the undersigned transfer is done with the standard of Grant I, the undersigned transfer is done with the standard of Grant I, the undersigned transfer is done with the standard of Grant I, the undersigned transfer is done with the standard of Grant II and the standard of Gr	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.  Intee I Grantor, authorize ithout any compens	the donation desc	bribed above and declare that it is done without any compensation and give instructions to the Receiving	Date (dd/mm/yyyy)
Quantity  5. DELIVERI  I, the undersigned described above to the signature of Grain I, the undersigned transfer is done with the signature of Grain INSTRUCT  6. INSTRUCT	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.  Intee  I Grantor, authorize ithout any compens	the donation describes the transfer of the sation.	eribed above and declare that it is done without any compensation and give instructions to the Receiving of the securities described above to the Grantee and give instructions to the Delivering Institution to initiate and compensation.	Date (dd/mm/yyyy)  splete the transfer. I declare that the
Signature of Gra  X Signature of Gra I, the undersigned transfer is done w  X Signature of Gra  A Signature of Gra  Compared to the signature of Gra  In the undersigned transfer is done w  In the undersigned trans	Symbol / CUSIF  NG INSTITUTION  d Grantee, accept o my account.  Intee I Grantor, authorize ithout any compens  ntor  TIONS  e submit the origina Delivering Institution	the donation described the transfer of the sation.	bribed above and declare that it is done without any compensation and give instructions to the Receiving	Date (dd/mm/yyyy) explete the transfer. I declare that the  Date (dd/mm/yyyy)