

**Account Details**

Name of Charitable Organization ("Grantee") REACH CHILD AND YOUTH DEVELOPMENT CHARITABLE FOUNDATION			
Address 5050 47TH AVE	City DELTA	Province BC	Postal Code V4K 2V8

**Receiving Institution**

Name <b>Credential Qtrade Securities Inc.</b>		Address <b>700 - 1111 West Georgia Street, Vancouver, BC, Canada V6E 4T6</b>		Phone 604 501 4217
Dealer Number <b>7799</b>	DTC Number <b>5083</b>	CUID <b>CRED</b>	Contact Name BRENDA MERCIER	Fax 604 501 4201
Grantee Account Number Q5J 3DYC A				

**Delivering Institution**

Name			Address		Phone
Dealer Number	DTC Number	CUID	Contact Name		Fax
Grantor Account Number			Grantor Account Name		

**Description of Securities**

Quantity	Symbol / CUSIP	Security Description

**Delivering Institution**

I, the undersigned Grantee, declare that the organization indicated above is a registered charity with the Canada Revenue Agency under the income tax act. I accept the donation described above and declare that it is done without any compensation and give instructions to the Receiving Institution to transfer the securities described above to my account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Grantee Date (mm/dd/yyyy) Signature of Witness Date (mm/dd/yyyy)

I, the undersigned Grantor, authorize the transfer of the securities described above to the Grantee and give instructions to the Delivering Institution to initiate and complete the transfer. I declare that the transfer is done without any compensation.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Grantor Date (mm/dd/yyyy) Signature of Witness Date (mm/dd/yyyy)

**Instructions**

**Grantee:** Please submit the original completed and signed *Voluntary Donation to Charitable Organization* to Credential Qtrade Securities Inc. at the above address.

**Grantor:** Submit the completed and signed *Voluntary Donation to Charitable Organization* to the Delivering Institution.