ST. CHARLES INTERPAROCHIAL SCHOOL INC.

Securities & Mutual Fund Transfer Form

Name:		Daytime Phone#:
Address:		
Delivering Institution:		
Account # at Delivering Ir	stitution:	
Address of Delivering Inst	itution:	
Institution or Broker Conta	act Name:	
		Phone#:
Name of Security/Mutual	Fund:	
# of Share Transferred:		
Gift Direction (Fund Name	if applicable):	
	Please fill out and forward to	your broker or financial institution
Broker Instruction: Please fax a copy to:	Please fill out and forward to Demitris Scouras RBC Dominion Securities In Fax#: (204) 982-2649 authorization to transfer the abo	c Phone#: (204) 982-3987
Please fax a copy to: This letter serves as your and account number of the process of the proce	Demitris Scouras RBC Dominion Securities In Fax#: (204) 982-2649 authorization to transfer the abo RBC Dominion Secu ation: 3100-201 Portage Av mber: 783-37769-12	c Phone#: (204) 982-3987 eve securities to the following:

Please email a copy to: St. Charles Interparochial School Inc.

Attention: Athina Dinos

Email: FINANCE@STCCS.CA