

Instruction to broker  
with copy to:  
info@pacificparkinsons.org

**The Pacific Parkinson's Research Institute**  
#210 - 1095 West Pender Street  
Vancouver, BC V6E 2M6  
Telephone: (604) 681-5031  
www.pacificparkinsons.org

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**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: \_\_\_\_\_

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**Delivering Institution Information**

Delivering Institution Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Delivering Institution CUID or DTC: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**Receiving Institution**

Receiving Institution: **National Bank Financial Ltd.**

Receiving Institution Address: **3000 - 475 Howe Street, Vancouver BC V6C 2B3**

Account Name: **The Pacific Parkinson's Research Institute** – Account #11-ZH28A (CDN) or 11-ZH28-F (USD)

CRA Charity Registration: **891567349 RR0001**

Receiving Institution CUID: **# NBCS**

FIN: **#T80** DTC: **#5008** Phone:

Contact: **Bryan MaBee**

**(604) 623-3217** Fax: **(604) 623-6780**

Email: **Bryan.Mabee@nbc.ca**

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**Contributing Donor Contact Information**

Donor's Legal Name (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Contributing Donor Authorization**

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_