

**MACKENZIE CHARITABLE GIVING PROGRAM  
TRANSFER OF MACKENZIE MUTUAL FUNDS FORM**  
(Please complete one form per donor)



**1. CLIENT (DONOR) INFORMATION**

CHARITABLE GIVING PROGRAM ACCOUNT #

LAST NAME

FIRST NAME

ADDRESS

CITY

PROVINCE/TERRITORY

POSTAL CODE

SOCIAL INSURANCE NUMBER

RESIDENCE TELEPHONE

BUSINESS TELEPHONE

**2. MUTUAL FUNDS TO BE TRANSFERRED FOR CHARITABLE DONATION**

TRANSFERS FROM:

ACCOUNT #

DEALER #

ADVISOR #

Mackenzie Account     Nominee Account

I/We direct the transfer of (tick one):  All Mackenzie Funds in this account In-Kind; OR  Partial Mackenzie Funds in this account In-Kind (as listed below or attached list)

Mackenzie Mutual Fund Name	Mackenzie Mutual Fund Code	Number of Units/Shares	OR	Dollar Amount (\$)

Donations of Mackenzie Funds must be transferred In-Kind to the Foundation and are not to be redeemed by the Donor. If sending original physical certificates, then to ensure safe delivery, it is recommended that any original physical certificate and a signed and dated Irrevocable Power of Attorney form be forwarded in separate envelopes.

**3. AUTHORIZATION**

I hereby request and authorize the transfer of my account and/or investments as described above.

AUTHORIZED HOLDER/DONOR SIGNATURE (MANDATORY)

AUTHORIZED JOINT HOLDER/DONOR SIGNATURE (MANDATORY)

DEALER NAME

FINANCIAL ADVISOR NAME

DEALER #

ADVISOR #

DATE

SIGNATURE GUARANTEE STAMP (MANDATORY)  
FOR HEAD OFFICE USE ONLY