

DATE : _____

From _____ (Relinquishing Institution)
 _____ (CUID ID # of relinquishing institution)
 _____ (Address of relinquishing institution)
 _____ (Contact name & telephone # of relinquishing institution)

RE : _____ (Donor's name)
 _____ (Donor's address)

Account # _____ (Donor's account number at the relinquishing institution)

I hereby authorize you and instruct you to transfer the following securities from the account mentioned above to the following address and number in kind:

Description of positions to transfer	CUSIP/ISIN/SEDOL#	# of shares

To credit the account of : Focus On The Family
Account number: 540-207A-1
Aviso Financial
Aviso Correspondent Partners
800-111, West Georgia
Vancouver, BC V6E 4T6

CUID: CRED
DTC: 5083
INSF: T088
Dealer: 7799

_____ (Signature of Donor)

For further credit to: **Focus On The Family, 540-207A-1**

Please submit this transfer form to your Broker or investment representative and send a copy to

1. serviceteam@kinsted.com
2. Finance@fotf.ca