Letter of Direction

This Letter of Direction is to be completed by the Donor or the Donor's representative and serves as authorization and instruction to transfer specified securities to Holland Bloorview Kids Rehabilitation Hospital Foundation. This completed Letter should be faxed to all three affected parties, as detailed below.

Faxed to:	<my broker=""></my>				
				Date:	
AND					
Email to:	<charity's account="" ho<="" th=""><th></th><th>r ></th><th></th><th></th></charity's>		r >		
	Aon Investments Canada Inc. Email: DG-AH-Canada-PMTeam@aon.com			Date:	Date:
Attention: Melissa Liu					
AND Email to:	<charity></charity>				
(or fax) Holland Bloorview Kids I Fax: (416) 425-4531		Rehabilitation Hospital Foundation Mobile: (416) 587-2258 linch@hollandbloorview.ca		Date:	
Th:- 1-44		_			
Inis letter serv	es as authorization to transi	er the following publici	y-iisted securities, c	urrently owned by	
	, to th	e account of: Holland	Bloorview Kids F	Rehabilitation Hospital Foundation	on
Account Custodian:		CIBC Mellon Trust			
		CUID: CMTC			
		DTC: 901			
For Account:		129713			
		HOLLAND BLOO	ORVIEW KIDS F	DTN OPERATING	
Custodian Contact Information:		Josie La Rizza - Relationship Manager T: 416-643-5167 josie.larizza@cibcmellon.com			
Investment Manager:		Aon Investments Canada Inc.			
		20 Bay Street, Suite 2300, Toronto, Ontario M5J 2N9 t +1.416.868.5500 f+1.416.868.5580			
be forwarded	by the Delivering Institu	tion to the Delivering	Custodian (please	ecurities and transfer authorization e copy this sheet to list more assets et receipt instructions with CIBC M).
	of		currently in	account:acc't#, if known	
# units	ofdescription of secu	rity		acc't #, if known	
	o, if known: Broker CUID/ provide to Aon Investments Ca		Security	ID (e.g. Ticker/ISIN/SEDOL):	
Yours sincered	ely,		Holland Bloc provide your	t a past donor to orview, please also full name and mailing ax receipting purposes.	

Your Name or Name of Corporation Signing Officers