

FEAR NO AGE™

WIRE TRANSFER FORM

| <u>Beneficiary Information</u> | | <u>Beneficiary Bank Information</u> | |
|---------------------------------------|--|--|-------------------------------------|
| Beneficiary Name | <u>The Baycrest Centre Foundation</u> | Bank Name | <u>Royal Bank of Canada</u> |
| Beneficiary Address | <u>3560 Bathurst Street</u> | Bank Address | <u>5001 Yonge Street, 2nd Floor</u> |
| | <u>Toronto, ON M6A 2E1</u> | | <u>North York, ON M2N 6P6</u> |
| Contact Name | <u>Karen Belinsky, CFO</u> | Bank Phone Number | <u>416-512-4600</u> |
| Telephone | <u>416-785-2500 ext. 3157</u> | SWIFT Code | <u>ROYCCAT2</u> |
| Fax | <u>416-785-2373</u> | Transit Number | <u>02874</u> |
| E-mail | kbelinsky@baycrest.org | Bank Account Number | <u>1007467</u> |
| | | Institution Number | <u>003</u> |

Sender's Information

Sender Name (ie. Donor Name) _____

Sender's Address _____

Bank Name (optional) _____

Transit Number _____

Bank Account Number _____

Currency (please check one) CDN U.S. Other (please specify) _____

Amount _____

Date of Transfer _____

Other Detail / Comments _____

Donor Signature _____

Date _____

Please note: In order to avoid delays in processing, please fax a copy of the wire transfer form to Baycrest Foundation at 416-785-2373, Attention: Karen Belinsky

Email