

Securities and Stock Transfer Authorization Form

Please complete this form to authorize the transfer of securities. Once completed, print, sign, and deliver this form to your delivering broker/financial institution to initiate the transfer.

1. Transferor (Donor/Account Holder) Information

Account Holder Name:

Address:

City, State, Zip:

Phone Number:

Email Address:

2. Delivering Institution (Where assets are currently held)

Delivering Brokerage Firm:

Account Number:

Contact Person Name:

Contact Phone Number:

3. Receiving Institution (Beneficiary)

Receiving Organization Name:

DTC Participant Number:

Account Number:

Contact Person Name:

Contact Phone Number:

4. Description of Securities to Transfer

Security Name / Description	Ticker Symbol / CUSIP	Number of Shares / Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Authorization & Signatures

I hereby authorize the transfer of the securities described above from my account at the delivering institution to the receiving institution specified above.

Authorized Signature:

Date:

Joint Owner Signature (if applicable):

Date: