



**MLK Community
Health Foundation**

Securities Transfer Form

1 Please complete this form and send it to your broker or financial advisor.

2 Please send a copy of the completed form to MLK Community Health Foundation to blanca@mlk-chf.org and lperry@mlkch.org

Donor Information

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

PHONE NUMBER HOME BUSINESS MOBILE

EMAIL HOME BUSINESS SAA

ACCOUNT TITLE

ACCOUNT NUMBER

SIGNATURE DATE

SPOUSE/PARTNER SIGNATURE DATE

Gift Information

GIFT DESIGNATION

GIFT DESIGNATION (CONTINUED)

Tell us how to best use your gift. If you leave this blank, your gift will be contributed to the area of greatest need.

A matching gift will be submitted by my employer,

COMPANY NAME

Share gift credit with my spouse/partner,

SPOUSE/PARTNER FULL NAME

Keep my gift anonymous

Broker Information

BROKER/ADVISOR NAME (IF NO BROKER, PLEASE ENTER "NONE")

BROKERAGE FIRM

BROKER/ADVISOR PHONE NUMBER

BROKER/ADVISOR EMAIL

# of Shares or Approx. Value	Security Description	Ticker Symbol

Please deliver by DTC to:

UBS Financial Services
 UBS Contact: Kelly Chavira
kelly.chavira@ubs.com
 310-734-3883 Direct Line
 855-208-7969 Fax
 DTC #: 0221
 FBO: MLK Community Health Foundation
 Account #: Y634714
 Tax ID #: 45-4433505