
(Donor's Name)

(Donor's Street Address)

(Donor's City, State, Zip)

TRANSFER AUTHORIZATION

(Broker/Contact Name)

(Company)

(Street Address – NOT A PO Box)

(City, State, Zip)

RE: Account: _____

(Insert Donor's Brokerage Account Number)

To Whom It May Concern:

Please transfer the following to Charles Schwab for the benefit of the LCMS Foundation:

Number of Shares Security Name (This must be a DTC eligible security)

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DTC Instructions are as follows:

Charles Schwab

DTC Participant #0164

Account Name: LCMS Foundation

Account #: 61780941

FBO: _____

(Insert entities name-insert donor's last name)

Should you have any questions, or if the shares are not DTC eligible, please contact Sue Sehr, LCMS Foundation at 314-996-1621.

Sincerely,

(Signature)

(Signature)

(Type Donor' Name)

(Type Spouse's name ,if applicable)

Date _____

Date _____

REQUIRED FOR EACH SIGNATURE

PLACE MEDALLION GUARANTEE PROGRAM SIGNATURE STAMP HERE

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An acknowledgement by a notary public is not acceptable.