



Peninsula  
Family Service

**SECURITIES TRANSFER FORM**

Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Address: \_\_\_\_\_

RE: Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

To Whom It May Concern:

I/we wish to irrevocably transfer \_\_\_\_\_(number) shares of  
\_\_\_\_\_ (stock or mutual fund name). I/we request  
that you immediately transfer these shares from my/our account and into the account for the  
benefit of **Peninsula Family Service:**

**NFS Account# RCT-772054**  
**DTC# 0226**  
**FBO Peninsula Family Service**  
**Broker: Bob Binn, Private Portfolios, (650)**  
**548-9800**

**Peninsula Family Service Address:**  
**24 Second Avenue, San Mateo**  
**Tax ID: 94-1186169**  
**Email: rmonaco@peninsulafamilyservice.org**  
**Fax: (650) 403-4303**  
**Phone: (650) 403-4300 ext. 4417**

**Do not sell or redeem these shares from my/our account.** It is imperative that this  
position is transferred out of the account in-kind. Thank you for your prompt attention to this  
matter.

Sincerely,

\_\_\_\_\_  
(Donor name)  
Account Holder (1)

\_\_\_\_\_  
(Donor name)  
Account Holder (2)

\_\_\_\_\_  
(Phone Number)