



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: dmiller@peninsulafamilyservice.org
Fax: (650) 403-4303
Phone: (650) 403-4300 ext. 4412

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)