

## **Instructions to Transfer Securities to Saddleback Memorial Foundation**

Thank you for your interest in making a charitable contribution of securities to further the mission of Saddleback Memorial Foundation, *“To enhance the health and well-being of individuals, families, and our community”*.

To assist you in facilitating this gift, we have prepared the following set of instructions.

1. Complete the Letter of Authorization on the next page.
2. Depending on the brokerage house, you may need to have a Signature Guarantee on the letter. Please check with your broker first.
3. Deliver this letter to your broker.
4. Send the signed letter, or fax a copy to, Saddleback Memorial Foundation:
  - a. Mail: Saddleback Memorial Foundation, Attention: Amy Cospers, 24451 Health Center Drive, Laguna Hills, CA 92653.
  - b. Fax: (949) 452-3779, Attention: Amy Cospers

We will notify you as soon as the securities are transferred, and prepare the appropriate receipt for your tax records.

If you have any questions, please contact:

Amy Cospers  
Foundation Development Officer  
(949) 452-3962  
[acosper@memorialcare.org](mailto:acosper@memorialcare.org)

Thank you for your generosity!

**Securities Transfer Form – Letter of Authorization**

\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ } Your Broker's Address  
\_\_\_\_\_

RE: Letter of Authorization to Transfer Securities, Account Number \_\_\_\_\_

It is my intention and desire to make a charitable gift to Saddleback Memorial Foundation, located at 24451 Health Center Drive, Laguna Hills, CA, 92653.

I hereby authorize you to deliver \_\_\_\_\_ shares of \_\_\_\_\_ from my account number \_\_\_\_\_ to Saddleback Memorial Foundation's account per the following instructions:

**Institution Name: Charles Schwab & Co., Inc.**  
**For Further Credit Account Name: Saddleback Memorial Foundation**  
**For Further Credit Account Number: 7812-7011**  
**Deliver to: DTC Clearing Number 0164**

Thank you for your prompt attention to this request. I would like this transfer to be effective immediately.

Sincerely,

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Signature (Guaranteed if required)

\_\_\_\_\_  
Co-Owner's Name (if applicable)

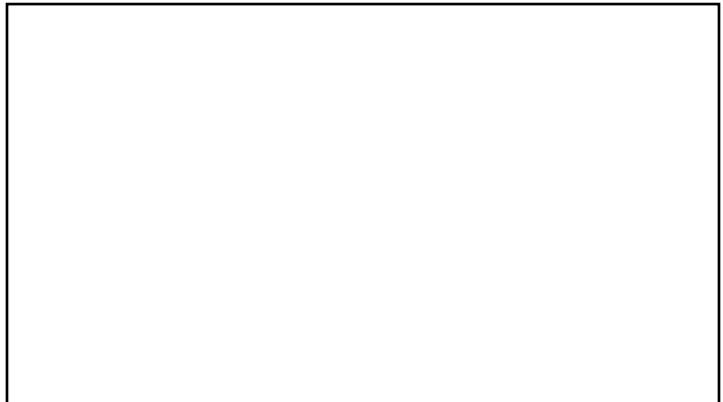
\_\_\_\_\_  
Signature (Guaranteed if required)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address



*Signature Guarantor Seal (if required)*