



GIFT OF SECURITIES TRANSFER FORM

Donor Information

Name: _____

Address: _____

Phone: _____

Financial Advisor/Account Information

Name: _____

Company: _____

Address: _____

Phone: _____

Acct Number: _____

Name of Security	Cusip Number*	Number of Shares
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*Your advisor will be able provide this information.

Please return this form to Kate Connors at kate@lifechoicescm.com