

## Electronic Transfer Authorization Form

Please transfer the listed securities from my account to the American Kidney Fund's USB Financial Services account using the following information:

UBS Financial Services  
DTC # 0221  
For Further Credit to: American Kidney Fund Tax ID # 23-7124261  
Account # BA45334  
Broker and Telephone Number: Mia Tripodi – 301.718.4792

### Your Brokerage Information

Broker's Name: \_\_\_\_\_

Brokerage: \_\_\_\_\_

### Personal Information

Account # \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

I hereby release my name and contact information so that I may receive a receipt from the American Kidney Fund (AKF).

***NOTE: If you choose not to release your name and contact information AKF will not be able to provide you with a receipt of your gift.***

### Securities Information

Name of Security

Number of Shares/ Bond Face Value

_____	_____
_____	_____
_____	_____
_____	_____

Signed (Donor) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Donor, joint-owner) \_\_\_\_\_ Date \_\_\_\_\_

**Please email this document to [AccountingAR@kidneyfund.org](mailto:AccountingAR@kidneyfund.org)**