



**Electronic Transfer Authorization Form**

Please transfer the listed securities from my account to the American Kidney Fund’s UBS 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: Reilly Loflin (301)718-9006 [reilly.loflin@ubs.com](mailto:reilly.loflin@ubs.com)**

**Your Brokerage Information**

Broker’s Name: \_\_\_\_\_

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

**Personal Information**

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

Title: \_\_\_\_\_ Full 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 for your gift.***

**Securities Information**

Name of Security:

Number of Shares / Bond Face Value:

_____	_____
_____	_____
_____	_____
_____	_____

**Signed (Donor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed (Donor, Joint Owner):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For any questions please contact Daniell Griffin at 1-800-638-8299 ext.7064  
To submit this complete document please email: [DGriffin@kidneyfund.org](mailto:DGriffin@kidneyfund.org)**