

Asset Transfer Form

To transfer assets to the Central New York Lyme and Tick-Borne Disease Alliance ("Alliance"), please provide your broker with this completed form. Also, please forward a copy of this form to the Alliance so that we may credit your gift appropriately. Note the date of your gift will be the date the asset is titled in the Alliance's name or is transferred to our account. You can reach us by email at info@cnylymeallliance.org or by phone at (315) 551-2551. Thank you for your gift.

BROKER NAME:

BRC	KER'S FIRM NAME:	
RE:	YOUR ACCOUNT NUMBER:	
SUB	JECT: GIFT TRANSFER	of ASSETS
Dec	ar Broker:	
Acc	ept this letter as a re	equest and authorization to execute the following gift transfer of assets from the above
refe	renced account. Ple	ease deliver these to the broker for the Central New York Lyme and Tick-Borne Disease
Allic	ince as follows:	
		DTC #0015
		Morgan Stanley Wealth Management
		Account # 621-054-515
		Central New York Lyme and Tick-Borne Disease Alliance
		Attn: Renée Grevelding (315)464-3319 or renee.grevelding@ms.com
ASS	ET DESCRIPTION:	
Pled	ase contact Eric M. B	rown, CFP of Morgan Stanley Wealth Management at 315-464-3388 with information or
asse	ets being transferred.	
DOI	NOR NAME (for ackno	owledgement and recognition)
Sinc	erely,	
SIG	NATURE:	