

## **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 <a href="mailto:info@cnylymeallliance.org">info@cnylymeallliance.org</a> or by phone at (315) 551-2551. Thank you for your gift.

BROKER NAME:

BRO	KER'S FIRM NAME:
	KER'S ADDRESS:
RE:	YOUR ACCOUNT NUMBER:
	YOUR NAME:
SUB.	JECT: GIFT TRANSFER of ASSETS
Dec	ar Broker:
Acc	ept this letter as a request and authorization to execute the following gift transfer of assets from the above
refe	renced account. Please deliver these to the broker for the Central New York Lyme and Tick-Borne Disease
Allic	nce 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@morganstanley.com
ASS	ET DESCRIPTION:
	MBER OF SHARES:
DAT	E OF TRANSFER:
	ase contact Eric M. Brown, CFP of Morgan Stanley Wealth Management at 315-464-3388 with information o ets being transferred.
DON	NOR NAME (for acknowledgement and recognition)
Sinc	erely,
SIGI	NATURE: