

Securities Electronic Transfer Authorization Form

Please transfer the listed securities from my account to Baptist Health Foundation account with Regions using the following information:

Stock – DTC

SEIC As Agent for Regions Bank
DTCC Participant ID 2663
Agent Bank ID 70224
Agent Bank ID Account #20067-D
Interested Party ID 70224
For Further Credit to: Baptist Health Foundation Luther King
Account #7051000186
Tax ID #23-7169407

Bonds – Federal Reserve

SEIC As Agent for Regions Bank
ABA Number 042000013
Sub Account 1050
Account 001050985491
FBO - 20067-F Account #7051000186

Brokerage Information:

Broker's Name: _____
Brokerage: _____

Securities Information:

<u>Name of Security</u>	<u>Number of Shares</u>	<u>Bond Face Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Personal Information:

Account Number: _____

Mr. Mrs. Ms. Dr.

Name: _____

Address 1: _____

City: _____ **ST:** _____ **ZIP:** _____

Donor Signature: _____ **Date:** _____

Joint Donor Signature: _____ **Date:** _____

I hereby release my name and contact information so that I may receive a tax receipt from:
Baptist Health Foundation | 9601 Baptist Health Drive | Little Rock, AR 72205