IRA Qualified Charitable Distribution (RMD) for Stock Transfers
Letter of Authorization

- Complete, sign, and fax to your Financial Advisor, Attention: Outgoing Transfers. Clients of investment advisors: Please return this form to your advisor.
- Use this form to make charitable gift donations by transferring stocks, bonds, and/or mutual funds from your Brokerage account to the Spokane Symphony.

### 1. YOUR FINANCIAL INSTITUTION

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Account Title/Registration</th>
</tr>
</thead>
</table>

### 2. SECURITIES TO BE TRANSFERRED

*For each security listed, indicate either Purchase Date and Cost Per Share or Alternate Accounting Method.*

<table>
<thead>
<tr>
<th>Name of Stock/Bond/Mutual Fund</th>
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</thead>
<tbody>
<tr>
<td>Symbol/Ticker/CUS IP</td>
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<tr>
<td>Purchase Date (Optional)</td>
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Name of Stock/Bond/Mutual Fund

Symbol/Ticker/CUS IP Number of Shares to Be Transferred*

Purchase Date (Optional) Cost Per Share (Optional)

OR

Alternate Accounting Method (Please indicate: FIFO, LIFO, Low-Cost, or High-Cost)

*Only whole shares of equity/stock can be transferred (any fractional shares requested will remain in the account). Shares cannot be specified in a dollar amount.

3. TRANSFER INSTRUCTIONS TO THE SPOKANE SYMPHONY SOCIETY

Annual Fund #: 70Q-04032   Endowment Fund #: 70Q-02002

Receiving Institution Account Number

Bob Larson and Jay Kirkpatrick at Spokane Symphony Society   (509) 458-4293

Contact Name at Charitable Organization or Name of Individual Recipient   Telephone Number

Merrill Lynch   #8862 (all Symphony Transfers)

Name of Receiving Institution   DTC Number (Required)

YOUR NAME WILL APPEAR AS A CHARITABLE GIFT DONOR UNLESS YOU CHECK THE FOLLOWING BOX:

☐ I wish for this gift to be anonymous

4. Authorization to Transfer

Please accept this letter as authorization to irrevocably transfer the above-listed security(ies) from my/our Brokerage account to the designated individual or charitable organization listed above. Shares will be transferred in kind and are not to be liquidated. I hereby release and discharge my Brokerage and its affiliates from any liability or claims in connection with the aforementioned instructions and agree to indemnify and hold my Brokerage harmless against any losses from any action, claim, or demand of any person based upon my Brokerage acting under these instructions.

Signature(s) and Date(s) Required

✓

Signature: Account Holder   Today’s Date (mm/dd/yyyy)

Print Name

✓

Signature: Additional Account Holder   Today’s Date (mm/dd/yyyy)

Print Name