## <u>USE THIS FORM FOR MUTUAL FUNDS</u> THAT ARE HELD AT A BROKERAGE FIRM

(COMPLETED FORM SHOULD BE GIVEN TO YOUR FINANCIAL ADVISOR FOR PROCESSING)

| Date:             |  |                             |  |
|-------------------|--|-----------------------------|--|
| To:               | (Name of your brokerage firm)  | From:                       |  |
| Attn:             | · · · · · · · · · · · · · · · · · · ·  |                             | (Donor's name(s))  |
| Re: /             | Account # at your brokerage firm:  |                             |  |
| 1                 | In the name of:(Account title where shares   | are coming from)            |  |
| listed            |  | ne mutual fund can          | below listed mutual fund(s) from our account<br>be sent via ACAT (0671) <u>or</u> to our Merrill Lynch |
|                   |  |                             |  |
| For fu            | To Merrill Lynch: ACAT # 0671 <u>or</u> H  (Please call Katie Kelly at (916) 648-6333 with to  urther credit to: Account #: 284-0  Name of: Roma | the symbol of the mutual j  |  |
| Char              | itable gift is for the benefit of:   | ation of Parish—Include ar  | ny specifics such as special projects, building or scholarship funds.)                                 |
| Since<br>(All acc | rely,<br>ount holders or authorized signers of account mus   | st sign below to authorize  | your brokerage firm to transfer the shares.)   |
| <b>X</b> (Acc     | count owner signature to authorize transfer)   | _,(Title if applicable, e.g | ı. Trustee)  |
| X                 | count owner signature to authorize transfer)   | _,(Title if applicable, e.g | ( Trustoo)   |
| ואנו              | South Switch Signature to dutilonize transjery   | (True ij applicable, e.g    | in induce)   |

Please send a copy of this completed letter by mail or fax to:

Katie Kelly Merrill Lynch

555 Capitol Mall, Ste. 1400 Sacramento, CA 95814 Phone: (916) 648-6333 Fax: (916) 265-0090