

TEMPLE HEALTH

Fox Chase Cancer Center-Securities Transfer Request

Section	<u>. Request</u>		
	account to Fox C to initiate the tr	shares of stock to Fox Chase Cancer Center. Shares can be transferred direct chase's account. <i>Please complete the form below in its entirety and send a coansfer.</i> A copy or fax of the form must be sent to the Office of Institutional A or mailed to our mailing address below.	py or fax to your broker
	I wish to donate <u>mutual funds</u> to Fox Chase Cancer Center. Mutual funds can be transferred directly from your brokerage account to Fox Chase's account. <i>Please complete the form below in its entirety and send a copy or fax to your broker to initiate the transfer.</i> A copy or fax of the form must be sent to the Office of Institutional Advancemen at (f) 215-728-4799 or mailed to our mailing address below.		
Section I	II. Personal Info	rmation	
Name		Telephone	
Home Ad	ddress		
City		State Zip Code	
Section I	III: Gift Informat	ion_ PLEASE MAKE SURE TO CONTACT YOUR BROKER TO INITIATE THE TRAN	SFER
Your broker's name Broker's telephone number			
# of Shar	res	Security Name	
Ticker Sy	mbol (if known) _	Purpose	_
		transfer request as your authorization to transfer from accounter's account as follows:	
Firm:		Wells Fargo Advisors, LLC Attention: Michael Sirianni, Financial Advisor, Vice President-Investments Telephone: 267-321-7151; Toll Free: 888-243-1424; Fax: 215-670-7580	
DTC:		0141	
Account	Name:	Institute for Cancer Research	
Account	Number:	7537-6743	
Tax ID:		23-6296135 (Institute for Cancer Research)	
Fox Chas	se	Pat Simpson, Fox Chase Cancer Center	
Cancer C	Center Contact:	Office of Institutional Advancement	
		333 Cottman Avenue	
		Philadelphia, PA 19111	
		Telephone: 215 728-4740; Fax: 215-728-4799	
		Email: Patricia.Simpson@fccc.edu	
Signatur	e of account own	er(s)	(please check with
		required to complete the brokerage firm's authorization forms.)	

Please make sure that the Office of Institutional Advancement is notified of the details of your gift to ensure proper acknowledgement and designation. A fax or a copy of this transfer request form can be sent to (f) 215-728-4799, or a copy can be mailed to our address noted above. Please make sure to contact your broker to initiate the transfer. Thank you!

Updated: 2/4/2025