

## Transfer Authorization Form to Broker

Please transfer the listed securities from my account to the Muscular Dystrophy Association's Morgan Stanley Wealth Management account using the following information:

**Morgan Stanley Wealth Management**

DTC # 0015

Account Name: Muscular Dystrophy Association, Inc.

Tax ID # 13-1665552

Account # 478-213362-832

Broker Phone: (212) 692-2802

### Brokerage Information

Broker's Name:

Brokerage:

### Personal Information

Account #

Title

(Mr., Mrs., Dr., etc.)

Name

Address

City

State

ZIP Code

Country

I hereby release my name and contact information so that I may receive a receipt from the Muscular Dystrophy Association.

*If you choose not to release your name and contact information the MDA may not be able to provide you with a receipt of your gift.*

Securities Information

**Name of Security**

**Number of Shares/Bond Face Value**

Signed (Donor)

Date

Signed (Donor, joint-owner)

Date