



## SECURITIES TRANSFER (DTC) FORM\*

### STEPS

**1** Please complete this form and forward it to your banker or financial advisor.

**2** Donor information does not always transmit. Please also forward a copy of this form to Baystate Health Foundation via email at [BHF@BaystateHealth.org](mailto:BHF@BaystateHealth.org), fax at 413-794-7729, or mail at Baystate Health Foundation 280 Chestnut Street Springfield, MA 01199

If you have any questions, please reach out to Baystate Health Foundation at 413-794-5444 or [BHF@BaystateHealth.org](mailto:BHF@BaystateHealth.org)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TO (DONOR'S FINANCIAL ADVISOR)

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
DONOR NAME

\_\_\_\_\_  
DONOR STREET ADDRESS

\_\_\_\_\_  
CITY | STATE | ZIP CODE

\_\_\_\_\_  
NAME OF SECURITY

\_\_\_\_\_  
NUMBER OF SHARES

\_\_\_\_\_  
PLEASE LIST ADDITIONAL NAME FOR JOINT RECOGNITION

I wish to make a charitable contribution to Baystate Health Foundation, Inc., for the purpose of:

\_\_\_\_\_  
SIGNATURE

#### DTC Transfer Instructions for Bankers & Financial Advisors

Wire transfers for gifts of securities to Baystate Health Foundation should be sent to:

**Bank:** The Northern Trust Company

**DTC Number:** 2669

**Agent Bank:** 20290

**For further credit to:** Baystate Health Foundation Account number: 4475648

#### Our Representatives at Northern Trust are:

**Allen Wu:** 312-557-4027

[AW69@ntrs.com](mailto:AW69@ntrs.com)

#### Northern Trust Client Services:

312-444-5453

[PEI\\_ARA@ntrs.com](mailto:PEI_ARA@ntrs.com)

#### Important

For proper donor recognition, transfers must include the following information:

- Donor's name and address
- Name of security and number of shares
- Purpose of gift
- If applicable, additional names for joint recognition

\* If your bank or broker holds your securities, please use this form to transfer a gift of securities via the Depository Trust Company (DTC) system.