Brokerage Transfer Authori	zation for Stock Donations	
Account Holder/Donor Information Account Holder/Donor should complete this section, then present it to their Broker to complete the transaction.		Allina Health FOUNDATION
Brokerage Name:		
Account Holder Name(s):		
Account Number:		
The account holder(s) request a tra	nsfer of(num	ber) shares
of	(stock name)	to the Allina Health Foundation.
The donor(s) request the funds from	n this donation be designated to the	e selected program below <i>(choose one).</i>
□ Allina Health – Where the Need is Greatest □ Mental Health & Addiction □ Cancer Care □ Caring for Community □ Excellence & Innovation □ Healing Environments Other: This stock gift is (select one): □		□ New Ulm Medical Center □ Owatonna Hospital □ River Falls Area Hospital □ Saints Foundation □ United Hospital & Hastings Regina Campus □ Penny George Institute
Account Holder/Donor Signature	Print Name	Date
Account Holder/Donor Signature	Print Name	Date
Account Holder/Donor Address	City	State Zip
Account Holder/Donor Phone Number	Account Holder/L	Donor E-mail
Broker Section		
To fulfill the donor's request, please Prior to the delivery, please conta email bkoemptgen@rwbaird.com	ict Ben Koemptgen either via ph	

Baird DTC#: 0547

Account No.: 8602-0710

Account Name: Allina Health Foundation

Brokerage Name Transfer Completed Date Broker Name

Once the transaction is complete, email a copy of this completed form to Allina Health Foundation at allinahealthfoundation@allina.com. This will ensure proper acknowledgement and tax documentation for the gift. Thank you for your assistance in making this generous gift possible!