Instructions for Gifting Stock
Inova Health Foundation

Your broker can simply transfer the stock from your account to the Inova account, via electronic transfer. To do so, we suggest:

1. **Call/email/write** your broker to provide the following information:

   - **DTC Number:** 2669
   - **Customer/Fund Name:** Inova Health Foundation
   - **Customer Account number:** 26-60745
   - **Bank:** The Northern Trust Company
   - **Attention:** Attn: Mazen Khader
     The Northern Trust Company
     Corporate and Institutional Services
     50 S. LaSalle Street, B-8
     Chicago, IL 60603
     Phone: 312-444-5032, Fax: 312-557-2673
     Email: Mk328@ntrs.com

2. **Contact:** The Inova Health Foundation, 703-289-2072 or [Foundation@inova.org](mailto:Foundation@inova.org)
   OR
   
   **Fariha Bilal,** Manager, Accounting Services
   (571) 472- 8135 or [fariha.bilal@inova.org](mailto:fariha.bilal@inova.org)

   **You or your broker must contact the Foundation or our accounting office before the stock transfer procedure begins.** This is important because our broker must be notified and instructed to accept the gift in order for successful transfer. The information we will need from you or your broker is: type and name of stock you plan to transfer, the approximate number of shares and contact information for your broker and brokerage house.

3. **Send a follow up letter** to your broker (with a copy to the Inova Health Foundation office), which confirms your instructions. Attached is a letter with suggested copy.
Following your verbal instructions to your broker for an electronic transfer of securities, we encourage you to send a follow-up letter or email of instruction (sample copy below) and to forward a copy to the Inova Health Foundation office or email to Foundation@inova.org

Date

Broker Name
Address
City/State/Zip

Dear _______:

This letter is to inform you of my intention to make an irrevocable gift to the Inova Health Foundation. Please transfer ________ shares of ________________ stock to the Inova Health Foundation which will benefit the ________________ (indicate hospital, program or facility).

The information necessary to complete this transfer is as follows:

<table>
<thead>
<tr>
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Please do not begin the stock transfer procedure until you contact the Foundation’s development office or accounting office. They will instruct Northern Trust Company to expect and accept the stock transfer. Please immediately call: Inova Health Foundation at 703-289-2072 or Fariha Bilal, Manager, Accounting Services, Inova at: 571-472-8135.

I will forward a copy of this letter to the Inova Health Foundation so they too can be informed of the timing of this gift. This gift must be completed by __________ (date).

Thank you.

Sincerely,
(Your name)

cc: Inova Health Foundation
    Attention: Gift Administration
    8095 Innovation Park Drive
    Fairfax, VA 22031

As of 1-2023