



## **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

OR

Fariha Bilal, Manager, Accounting Services (571) 472-8135 or <a href="mailto:fariha.bilal@inova.org">fariha.bilal@inova.org</a>

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 <a href="mailto:Foundation@inova.org">Foundation@inova.org</a>

| Date                            |  |  |
|---------------------------------|--|--|
| Broker l<br>Address<br>City/Sta | S  |  |
| Dear                            | :  |  |
| transfer                        |  | ion to make an irrevocable gift to the Inova Health Foundation. Please stock to the Inova Health Foundation which will benefit the ogram or facility).   |
| The info                        | ormation necessary to complete t   | this transfer is as follows:   |
|                                 | DTC Number:<br>Customer/Fund Name:<br>Customer Account number:<br>Bank:                                      | Inova Health Foundation 26-60745 The Northern Trust Company Attn: Mazen Khader 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 |
| account<br>Please i             | ting office. They will instruct I  | procedure until you contact the Foundation's development office or Northern Trust Company to expect and accept the stock transfer. Foundation at 703-289-2072 or Fariha Bilal, Manager, Accounting                           |
|                                 | orward a copy of this letter to the . This gift must be completed by   | Inova Health Foundation so they too can be informed of the timing of (date).   |
| Thank y                         | /ou.   |  |
| Sincerel<br>(Your n             | · •  |  |
| cc:                             | Inova Health Foundation<br>Attention: Gift Administration<br>8095 Innovation Park Drive<br>Fairfax, VA 22031 |  |

As of 1-2023