FIRST CLEARING NON ACAT TRANSFER REQUEST

Letter of Authorization

Dear Client:	Date:
Fax #770-394-8492, and 2) \ '-3633.	relivering Broker. Return copies to 1) Dunwoody United Methodist Wellstrade Preferred Client Services, Fax #888-553-6103, phone
ilso send an emali to Roger.Youi	ng@dunwoodyumc.org or Sherri.Lackey@dunwoodyumc.org.
То	Re: Account #:
Customer Name: (Please Prin	
	···
Dear Broker:	
•	uthorization to transfer the following security position(s) from
my account with your firm. QUANTITY	SECURITY DESCRIPTION
	_
Please deliver all eligible securitie	s to FIRST CLEARING through DTC #0141.
Please include First Clearing custo	omer account number.
Account #: 3253-8975 Dunwoody Ui	nited Methodist Church
• •	arities in my account. This does not mean I am closing my account ance in this matter. Please expedite my request.
(signature)	(signature)

(ALL PARTIES ON THE ACCOUNT MUST SIGN)

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