

Kennesaw State University Foundation

Letter of Authorization to Broker

Date:				
				Complete this form
Broker's Nar	ne:			and send to your broker. Mail, scan or
Company:				fax a copy to KSUF.
Address:				See below for instructions.
City, State, Z	Zip:			msu actions.
Dear:				
		your authorization to trans University Foundation:	sfer irrevocably the follow	ing securities as a
Name of Security:			Number of Shares:	
Name of Mutual Fund:			Number of Shares/units:	
		ctronic transfer by DTC, transfer		
For Mutual Fu line at 877.262	Furth Accou unds: Call the NFS .5950. Furth	: 0226, National Financial Services ner credit to account #: NYK - 0042 unt Name: Kennesaw State Unive TOA (transfer of assets) Receives ner credit to account #: NYK - 0042 unt Name: Kennesaw State Unive	212 ersity Foundation 5 Department using the Fidelity C 212	learing & Custody Solutions support
This gift is for		following department, progran	•	
Sincerely,				
Signature:			Account #:	
Name (Please Print):		Phone:		
cc:	Kennesaw S	state University Foundatio	n	
Mail to:	Foundation Attn: Carol Goodreau 3391 Town Point Dr. Suite 4430, MD 9101 Kennesaw, GA 30144-5591 (470) 578-6675			
Scan to: Fax to:	cgoodrea@k (470) 578-919	tennesaw.edu 96		