## Letter of Authorization to Broker

Date		
Broker's Name		-
Company		
Address		_
City, State, Zip		
Dear	_	
Please accept this form as your author	orization to transfer irrevocably the	following securities out of my account
#	as a gift to Colorado State Univ	ersity Foundation:
Name of security/securities:		
Number of shares		
Colorado State University Foundation	o prefers that the securities be elec	tronically transferred to its account at:

RBC Wealth Management DTC number: #0235 For the benefit of CSU Foundation Account #327-29188 (970) 267-7426 (Fort Collins office)

This gift is for the benefit of the following department, program, fund, or project (allocation instructions):

To ensure this gift is properly allocated, please send gift details, including donor name(s), name of security, number of shares, and allocation instructions to <u>csuf\_csu\_gifts@mail.colostate.edu</u> and include this information on the transaction memo line.

Sincerely,

(signature)

(signature)

(printed name)

(printed name)