Date: _							
From:				Tel:			
То:			(Broker)	Tel: FAX			
Re:	Account Number						
Please	accept this letter as authoriza	ition to DTC tra	ansfer the fo	ollowing Stoc	cs/Assets or	Distribution:	
Please	ship account as follows:  CAPSTONE WEALTH MANAGE Sunriver Christian Fellowship 404 SW Columbia Street, Suit Bend, OR 97703 Account Number: 4V V0399 inform Michael Conrads (541) r account. Thank you.	o Account ite 230	ГС: 0443 to the exact	date the sha	res are tran	sferred out of	
Sincer	·						
Signatui	re of Donor	Date	Spouse	if Joint Account		Date	
Сору:	CAPSTONE WEALTH MANAGEMENT 404 SW Columbia Street, Suite 230 Bend, OR 97703 541-330-0266		Micha	Michael: This contribution is for the benefit of Sunriver Christian Fellowship, Sunriver, OR			
Сору:			The proceeds from this contribution are to be applied as follows: (Please check appropriate box)  ☐ Capital Campaign A/C No. 1004813083 ☐ Endowment Fund A/C No. 3342034 ☐ Stewardship/General Fund A/C No. 3321810				
	Sunriver, OR 97707-9317			Routing No.: 09			

Revised: 3/2/2022 SCFStock/AssetsTransferForm