## GIFT NOTIFICATION FORM FOR BROKERAGE ACCOUNT

Please complete this form if you are naming Self-Realization Fellowship as the beneficiary of your brokerage account.

Your Name:			
Your Contact Information:			
	Address		
	City	State/Z	Zip Code
	Telephone No.	Facsim	nile No.
	Email Address	Social	Security No.
Investment Company:			
Contact Information:			
	Address		
	City	State/Zip Co	ode
	Telephone No. Facsimile No.		0.
Your Account No:			
Your Personal Representat	ive or Executor		
Contact Information:			
		Address	
		City	State/Zip Code
		Telephone No.	Email Address

Please send the completed form, together with a copy of your beneficiary designation, by facsimile to: 323-276-5612, or by mail to:

Self-Realization Fellowship 3880 San Rafael Avenue Los Angeles, California 90065 Attn: Office of Planned Giving Telephone No.: 323-276-5656