

**GIFT NOTIFICATION FORM  
FOR  
BANK ACCOUNTS AND/OR CERTIFICATES OF DEPOSIT**

Please complete this form if you are naming Self-Realization Fellowship as the beneficiary of your bank account or certificate of deposit.

**Your Name:** \_\_\_\_\_

**Your Contact Information:** \_\_\_\_\_

Address

City

State/Zip Code

Telephone No.

Facsimile No.

Email Address

Social Security No.

**Bank or CD Institution:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

Address

City

State/Zip Code

Telephone No.

Facsimile No.

**Your Account No. or CD No:** \_\_\_\_\_

**Your Personal Representative 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