



## ***Direct Share Purchase and Sale Program***

Broadridge Corporate Issuer Solutions  
P.O. Box 1342  
Brentwood, NY 11717-0718  
Phone: (877) 830-4936  
Fax: (215) 553-5402

Dear Shareholder,

Thank you for contacting Broadridge Shareholder Services expressing interest in opening a new account or managing the dividend elections on an existing account. Enclosed is the document you requested. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

1. Make sure your form has all of the required signatures. If the account has a joint tenant registration, both shareholders are required to sign. If you are signing for the shareholder, please include your title (i.e., POA, Custodian, Executor) after your signature and the proper documentation supporting your title if applicable (i.e. appointment documents).
2. If opening a new account, include a check made payable to "Broadridge".
3. Consult your plan document for additional information about the program, including purchase dates, minimum and maximum investment amounts, and any fees associated with the program.

If you have any questions regarding your shareholder account, please contact us at:

Telephone Number: (877) 830-4936

E-mail: [shareholder@broadridge.com](mailto:shareholder@broadridge.com)

Please retain a copy of all documents for your records. Please return the above items to:

**Regular Mail**

**Broadridge Shareholder Services  
c/o Broadridge Corporate Issuer Solutions  
P.O. Box 1342  
Brentwood, NY 11717-0718**

**OR**

**Overnight Mail**

**Broadridge Shareholder Services  
c/o Broadridge Corporate Issuer Solutions  
1155 Long Island Avenue  
Edgewood, NY 11717-8309  
ATTN: IWS**

Sincerely,

Correspondence Department  
Broadridge Corporate Issuer Solutions  
Shareholder Services



## Direct Share Purchase and Sale Program

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you complete an enrollment application, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Please be aware that we will verify the information you provide and may also ask for copies of your driver's license or other identifying documents. Further, we will collect and hold information provided to us pursuant to our Privacy Statement, available at [www.shareholder.broadridge.com](http://www.shareholder.broadridge.com).

### SECTION I - EXISTING SHAREHOLDERS - PLEASE PRINT

1. Company Name \_\_\_\_\_ 2. Account Number \_\_\_\_\_  
(Please see plan documents for enrollment eligibility requirements.)

3. Account Registration \_\_\_\_\_

4. Last Four of Owner's Social Security Number or Tax Identification Number \_\_\_\_\_

5. Account Address \_\_\_\_\_  
Street City State Zip Code  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone Evening Phone

**\* Please proceed to Section IV to manage Account Elections.**

### SECTION II - NEW SHAREHOLDERS - PLEASE PRINT

1. Company Name \_\_\_\_\_ (Please see plan documents for enrollment eligibility requirements.)

2. Initial Investments (Make checks payable to Broadridge)

As a new shareholder, I wish to enroll in the Program by making an initial investment. Enclosed is my check or money order for:  
\$ \_\_\_\_\_ . (Please see plan documents for initial investment minimum and maximum.)

3. Account Registration - Type of Account (Please check one box and provide all requested information.)

**Individual or Joint:** Joint accounts will be presumed to be joint tenants with rights of survivorship and not tenants in common, unless tenants in common, tenants by the entireties, or community property registrations are requested. Only one Social Security Number or Tax Identification Number is required for tax reporting.

Owner's First Name M.I. Last Name Owner's Social Security Number or Tax Identification Number Joint Owner's First Name M.I. Last Name

**Custodial:** A minor is the beneficial owner of the account with an adult custodian managing the account until the minor reaches the age of majority, as specified in the Uniform Gifts/Transfers to Minors Act in the minor's state of residence.

Custodian's First Name M.I. Last Name Minor's First Name M.I. Last Name Minor's Social Security Number Minor's State of Residence

**Trust:** Account is established in accordance with provisions of a trust agreement.

Trustee Name(s) Name of Trust Trust Date Trust Tax Identification Number

**Corporation, Partnership, or Other Entity:**

Business Name Tax Identification Number

4. Account Address \_\_\_\_\_  
Street City State Zip Code  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone Evening Phone

**SECTION III - ACCOUNT CERTIFICATION**

**1. Substitute Form W-9** (Required for a U.S. person including a resident alien.)

Exemption from FATCA reporting code (if any) is **NOT APPLICABLE**. Applies to accounts maintained outside the U.S.  
Under penalties of perjury, I certify that:

- 1. The number shown in Section II is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- 3. I am a U.S. person (including a U.S. resident alien).
- 4. The FATCA code entered on this form (if any) is correct and indicates that I am exempt from FATCA reporting.

**Certification Instructions** – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For a joint account, only the person whose Tax Identification Number is shown in Section II should sign.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if you are a foreign person in need of a Form W-8.

**SECTION IV - ACCOUNT ELECTIONS - PLEASE PRINT**

**1. Dividend Reinvestment Election**

You may choose to reinvest all or a portion of the cash dividends paid on \_\_\_\_\_ (Insert Company Name).  
Please check one box below to indicate your reinvestment election. (If you do not check a box, you will be deemed to have selected the "Fully Reinvest" option.)

- Reinvest the dividends on ALL shares.**
- I would like a portion of my dividends reinvested.** Please remit to me the dividends on \_\_\_\_\_ shares. I understand that the dividends on my remaining shares, as well as all future shares that I acquire, will be reinvested.
- All cash – Do not reinvest my dividends.** (Your dividend check will be automatically mailed to your address of record UNLESS you check the box below.)
- I/we hereby authorize Broadridge Corporate Issuer Solutions, Inc. to have my/our dividends deposited automatically in my/our checking/savings account pursuant to the terms of the applicable plan. (Please include a voided check)

**2. Authorization for Monthly Investments – Optional – Include a voided check**

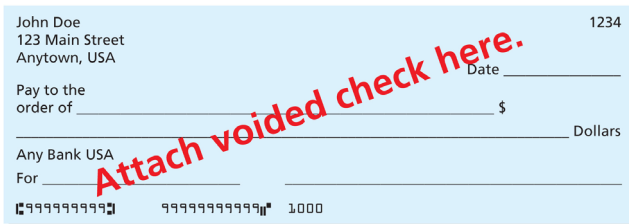
I/we hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make monthly automatic withdrawals from my/our checking/savings account in the amount indicated below to invest in shares of \_\_\_\_\_ (Insert Company Name)  
pursuant to the terms of the applicable plan. (Please include a voided check)

Automatic Monthly Investment Amount (Please see plan documents for min./max. draft amount) \$ \_\_\_\_\_

**3. Banking Information for Monthly Investments and/or Direct Deposit Authorization.**

Type of Account  Checking  Savings

Name on Account \_\_\_\_\_



To be completed by your financial organization only if a voided check cannot be supplied or your account is with a credit union or savings & loan.

Name of Financial Organization \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Authorized Signature of Financial Organization \_\_\_\_\_ Date \_\_\_\_\_

**SECTION V - SIGNATURES**

**SIGNATURES** - The signatures below indicate that I/we have read the company's respective plan document and agree to its terms. By signing below, I/we agree to the indicated account election changes referenced above. (Both signatures required for Joint Tenant accounts.)

\_\_\_\_\_  
Signature(s) \_\_\_\_\_ Date \_\_\_\_\_ Signature(s) \_\_\_\_\_ Date \_\_\_\_\_