



Shareholder DWAC Request Form

Please note that all fields below must be completed in order for DWAC request to be placed

This DWAC will be (check one):

-- Deposit

-- Withdraw

| | |
|------------------|--|
| Date | |
| Broker | |
| Attn. | |
| Address | |
| | |
| Account Number | |
| Name on Account | |
| CUSIP #: | |
| Trading Symbol | |
| Issuer Name | |
| Amount of Shares | |
| Cost Basis/FMV | |

Shareholder Contact Information:

| | |
|---------------|--|
| Name | |
| Address | |
| | |
| | |
| | |
| Email address | |

Any DWAC requests not fulfilled within 30 days will be returned to the submitting party.