



## ***Account Maintenance Form***

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 Corporate Issuer Solutions. The enclosed form can be used to: request statements, tax documents, or replacement checks, update your address, and/or enroll in direct deposit. 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 enrolling for direct deposit, please enclose a voided check with the form. Please be advised that a 5 business day hold period may exist for the establishment and/or change of banking instructions on an account.
3. If you are requesting replacement checks, please consult your plan document regarding any fees which may be associated with this process.

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

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### USE THIS FORM TO REQUEST AND AUTHORIZE BROADRIDGE TO MAKE CHANGES TO THE FOLLOWING ACCOUNT:

Account Number: (2-10 digits after the dash)

-

Account Registration: (Example: John Smith OR John Smith and Mary Smith JT)

Company: (Example: XYZ Company)

### FORM REPLACEMENT REQUEST

**1.** 1099  DIV  B  
For Tax Year: \_\_\_\_\_

**2.** Statement  BOOK\*  PLAN\*\*  CERTIFICATE  
For Period: \_\_\_\_\_  
\_\_\_\_\_  
\*For shares held electronically    \*\*Dividend Re-Investment,  
Employee Stock Purchase Plan, etc.

### CHECK REPLACEMENT

**3.** Please replace the following un-cashed check(s):  
There may be a fee associated with this transaction.

Replace all outstanding checks older than 180 days.  
Check Number, Date and Amount: \_\_\_\_\_  
\_\_\_\_\_

\*Please do not cash outdated checks. You may incur a fee at your financial institution.

### ADDRESS CHANGE

**4.** Write New Primary Address:  
\_\_\_\_\_  
\_\_\_\_\_

**5.** Write New Seasonal Address:  
\_\_\_\_\_  
\_\_\_\_\_

Time frame at this address: \_\_\_\_\_

**6.** Write Alternate Address for:  Proxy  Statements  
 Tax Forms  Div. Check  
\_\_\_\_\_  
\_\_\_\_\_

### TRANSACTION APPROVAL

**7.** I/We authorize Broadridge to make the account maintenance changes detailed above and I/we confirm that I/we am/are the correct and right party to request these changes. The signature of all registered holders is required.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## DIRECT DEPOSIT ENROLLMENT / UPDATE

8. Please attach a voided personal check and sign the "Signature of Payee" below or complete your financial institution information here:

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ROUTING NUMBER

Memo \_\_\_\_\_  
| : 012345678 | : 123456789" 0101

  
**Routing Number**

  
**Account Number**

\_\_\_\_\_  
ACCOUNT NUMBER (PLEASE CHECK THE APPROPRIATE BOX)

Checking Account

Savings Account

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS OF FINANCIAL INSTITUTION

\_\_\_\_\_  
TELEPHONE NUMBER OF FINANCIAL INSTITUTION (INCLUDE AREA CODE)

### PAYEE CERTIFICATION (The signature of all registered holders is required.)

I/We certify that I/we am/are entitled to the payment above, and that I/we have read and understand this form. In signing this form, I/we authorize my/our payment to be sent to the financial institution named above, to be deposited to the designated account.

\_\_\_\_\_  
SIGNATURE OF PAYEE (DO NOT PRINT)

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PAYEE (DO NOT PRINT)

\_\_\_\_\_  
DATE SIGNED

**Please be advised that a 5 business day hold period may exist for the establishment and/or change of banking instructions on an account.**