Dear Shareholder,

Thank you for contacting Broadridge Shareholder Services regarding a transfer. Enclosed is the document you requested. Please read the content carefully and follow all of the instructions provided.

1. Make sure your form has all of the required signatures. If you are signing for the shareholder, please include your title (i.e., Power of Attorney, Custodian, Executor) after your signature and the proper documentation supporting your title if applicable (i.e., appointment documents). Your Legal Transfer will require a Medallion Signature Guarantee (MSG). Sign the form in the presence of the individual who will provide the Guarantee (usually your banker or broker).

2. You must include all stock certificates with the completed transfer paperwork. If you do not have all of your certificates, please contact us and we will send you the paperwork required to replace the certificates and complete the transfer of your stock.

3. Unless otherwise instructed, transferred shares will be issued in DRS-book entry form. If the account is currently set up for any special handling (i.e., dividend reinvestment, direct deposit, etc.), these account features will not automatically transfer over to the new account. If you would like us to carry any special handling forward, please include a letter of instruction, with appropriate signatures, requesting this and we will set up the new account accordingly.

4. Should you wish to transfer your shares to your brokerage account, please have your broker initiate the transfer request. Our DRS number is 7824.

5. If the company in which you have invested offers physical certificates and you would like to receive stock certificate(s) representative of your holdings, there may be a fee involved. Please contact Broadridge to confirm the availability of a stock certificate.

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

Telephone Number: (877) 830-4936
E-mail: 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

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
<table>
<thead>
<tr>
<th>TRANSFER SITUATION</th>
<th>ADDITIONAL DOCUMENTS REQUIRED WITH A MEDALLION SIGNATURE GUARANTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add or Remove a Shareholder.</td>
<td>- None.</td>
</tr>
<tr>
<td>Name Correction.</td>
<td>- None.</td>
</tr>
<tr>
<td>Transfer to a Former Minor in a Custodian Account.</td>
<td>- Proof that the former minor is now age of majority (i.e., copy of Birth Certificate).</td>
</tr>
<tr>
<td>Deceased Shareholder. Estate is not going to be Probated.</td>
<td>- Copy of the Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Completed Waiver of Probate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td></td>
<td>- Inheritance Tax Waiver (if applicable).</td>
</tr>
<tr>
<td>Deceased Shareholder Residence is in California or Illinois, and Estate will not be Probated, and Total Estate Value is $100,000 or Less (IL) or $150,000 or Less (CA).</td>
<td>- Copy of the Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td></td>
<td>- Inheritance Tax Waiver (if applicable).</td>
</tr>
<tr>
<td></td>
<td>- Notarized Small Estate Affidavit.*</td>
</tr>
<tr>
<td></td>
<td>*CA: Required if decedent was legal resident of CA who died before June 9, 1992.</td>
</tr>
<tr>
<td></td>
<td>*IL: Required if decedent was a legal resident of IL who died before January 1, 1983.</td>
</tr>
<tr>
<td>Deceased Shareholder. Account has been Probated but is still Open.</td>
<td>- Copy of the Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td></td>
<td>- Inheritance Tax Waiver (if applicable).</td>
</tr>
<tr>
<td></td>
<td>- A certified copy with the original signature and seal affixed, of the Certificate of Appointment document, dated w/in one year (six months for NY).</td>
</tr>
<tr>
<td>Deceased Shareholder. Account has been Probated and Closed.</td>
<td>- A copy of the Final Account Distribution Statement.</td>
</tr>
<tr>
<td></td>
<td>- Copy of the Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td></td>
<td>- Inheritance Tax Waiver (if applicable).</td>
</tr>
<tr>
<td>Joint Tenants - One Deceased.</td>
<td>- Copy of the Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td>Joint Tenants - Both Deceased.</td>
<td>- Copy of the Death Certificate and Notarized Affidavit of Domicile for the shareholder who passed away first.</td>
</tr>
<tr>
<td></td>
<td>- For the second decedent, the documentation will be the same as for an individual deceased shareholder (see requirements above based on situation).</td>
</tr>
<tr>
<td>Deceased Trustee or Change of Trustee.</td>
<td>- Copy of the deceased Trustee’s Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td></td>
<td>- Copy of the 1st and last pages of the Trust Agreement as well as any page where successor Trustee(s) is/are designated.</td>
</tr>
<tr>
<td>Transfer on Death Registration (TOD) and Shareholder is Deceased.</td>
<td>- Copy of the Death Certificate.</td>
</tr>
<tr>
<td></td>
<td>- Notarized Affidavit of Domicile.</td>
</tr>
<tr>
<td>Corporate Registration Change.</td>
<td>- The certificate of name change issued by the Secretary of the State of Incorporation OR a current copy of the corporate resolution signed by the authorizing officer(s) stating that the company’s name has been changed. The seal of the corporation must be placed on the resolution or by-laws and dated within one year of the request.</td>
</tr>
<tr>
<td></td>
<td>- All certificates (if applicable).</td>
</tr>
</tbody>
</table>
### CURRENT ACCOUNT INFORMATION

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

2. Tax ID/SSN:

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

4. Street Address:

   City: ___________________________ State: ___________ Zip Code: ___________ - ___________

   Country: ___________________________

5. Company:

### TRANSFER SPECIFICS

6. Total Shares to be transferred:

   - Transfer **ALL** Shares (All book entry and any certificated shares submitted).

   **Book Entry Shares:** (Whole shares)

<table>
<thead>
<tr>
<th>Shares</th>
<th>Cost Basis of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>$000.00</td>
</tr>
</tbody>
</table>

   **Certificated Shares:** Example: 120.000

<table>
<thead>
<tr>
<th>Shares</th>
<th>Cost Basis of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>$000.00</td>
</tr>
</tbody>
</table>

   **Plan Shares:**

<table>
<thead>
<tr>
<th>Shares</th>
<th>Cost Basis of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000.00</td>
</tr>
</tbody>
</table>

7. Your signature is **REQUIRED**:

   Each registered owner must sign their name **EXACTLY** as it appears on the account. The authorized person(s) must sign in his/her legal capacity. The undersigned hereby irrevocably constitute and appoint Broadridge as attorney to transfer the shares with full power of substitution in the premises.

   Signature: ____________________________________________

   *Title: ____________________________________________

   Signature: ____________________________________________

   *Title: ____________________________________________

   Date: ___________________ Tel: (______)____________________

   *The authorized person(s) must sign in his/her legal capacity.

   **Executor (Estate) / Trustee (Trust)**

### Medallion Signature Guarantee

Signature(s) must have a Medallion Signature Guarantee from a Commercial Bank, Trust Company, or Broker, if applicable.

### IMPORTANT: If your shares are held in certificate form, the original certificate(s) must be submitted for your transfer to be completed.
NEW HOLDERS/RECIPIENT INFORMATION

8. New Shareholder(s) Account Type - CHECK ONE:
   - Individual
   - Joint
   - Trust
   - Custodial
   - Tax-Exempt Charity
   - Estate
   - Corporation
   - Other: ____________________________ (Please explain)
   - Transfer on Death - Subject to STA TOD rules

9. New Shareholder(s) Information: Please indicate if this is a new account or existing account: 
   - New
   - Existing
   - Company:

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

   New Account Registration: (First, MI, Last) Individual / Trustee / Custodial / Executor / Other
   - ____________________________ ____________________________ ____________________________ ____________________________

   Name: (First, MI, Last) Joint Tenant / Co-Trustee / Minor / Beneficiary / Other (if applicable)
   - ____________________________ ____________________________ ____________________________ ____________________________

   Trust / Estate Name (if applicable):
   - ____________________________ ____________________________ ____________________________ ____________________________

   Tax ID/SSN: SSN EIN Date of Trust (if applicable): ____________________________ ____________________________ ____________________________

   Street Address:
   - ____________________________ ____________________________ ____________________________ ____________________________

   City: ____________________________ State: ____________________________ Zip Code: ____________________________

   Country: ____________________________ ____________________________ ____________________________


   *By electing to enroll in the plan, I admit to reading the company's applicable plan document and agree to its terms. If no signature is provided, then the shares will be placed into book entry.

   Sign here ____________________________ Date ____________________________

TAX PAYER ID CERTIFICATION (SUBSTITUTE W-9)

Please read the instructions carefully before completing the substitute W-9 form. All shareholders are required to sign and return this W-9 certification. If requested information is not known at time of transfer, or new owner is not available to sign, a W-9 form will be mailed to the new shareholder(s) once the shares are transferred. A new shareholder may also go online at www.shareholder.broadridge.com to print a W-9 form. The Tax ID below should match the Tax ID provided in Section 9.

Your account may be subject to backup withholding, at the applicable rate, if you do not complete this substitute W-9 form.

New Shareholder’s Tax ID: ____________________________ If you are exempt from backup withholding, check here

Exemption from FATCA reporting code (if any) is NOT APPLICABLE. Applies to accounts maintained outside the U.S.

CERTIFICATION: Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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 IRS 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 U.S. resident alien) and (4) the FATCA code entered on this form (if any) is correct and indicates that I am exempt from FATCA reporting.

   Sign here ____________________________ Date ____________________________

   (A second signature is required for a Joint Tenant Account)
Affidavit of Domicile

State of: ______________________________________________ County of: ____________________________________________

Name of Stock (Issuer): ____________________________________________________________________________________

Name(s) on the Account: ____________________________________________________________________________________

Deceased Holder’s Tax Identification Number (TIN) or Social Security Number: __________________________________________

I/We, the undersigned ______________________________________ being duly sworn, depose and say that (I/We) reside
at _______________________________________________ in the state of ______________________________ and am/are
_____________________________________ (describe your status such as Executive Administrator, Survivor in Joint Tenancy,
if a corporate fiduciary, show title of affiant and name of corporation) of __________________________________________
who died on the __________________________ day of _____________________, 20 ______ that at the time of death the
domicile (legal residency) of said decedent was at _____________________________________________________________
County of _______________________________, State of _______________________________ that the decedent resided at
such address for ____________ years prior to death and was not a resident of any (other) State within the United States of
America at the time of death.

That any and all debts, taxes, legacies, and claims against the estate have been paid or provided for; that this affidavit is
made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his/her death
to a purchaser or the person or persons legally entitled thereto under the laws of the decedent’s domicile; and that any
apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

Signature(s): (Executor, Administrator, or Survivor)                                     Place Notary Seal Here

_________________________________________________
Signature

________________________________________________             _________________________________________________
Capacity Line                     Notary Signature

Sworn to before me, a notary public, this __________________________ Day of _____________________, 20 ______

Notary Public Commission Expires: __________________________
Stop Release Letter

Issuer Name: ____________________________________________

Certificate number(s): _______________________________________

_________________________________________________________________________

Number of Shares: _________________________________________________

Name(s) on the Account: _____________________________________________

To Whom It May Concern,

The listed certificate(s) has/have been found. Please use this letter as authorization for Broadridge to release the restriction that has been placed on the certificate(s) which was/were previously reported as lost and/or stolen.

Sincerely,

Sign here: ___________________________ Date: ___________________________

Sign here: ___________________________ Date: ___________________________

Capacity Line: _____________________________________________________