



Direct Stock Purchase Plan

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 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 Plan, including purchase dates, minimum and maximum investment amounts, and any fees associated with the Plan.

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**

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

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 shareholder.broadridge.com.

SECTION I - EXISTING SHAREHOLDERS - PLEASE PRINT

You may also utilize our Shareholder Portal at shareholder.broadridge.com to update any of your existing account's information.

- 1. Company Name _____
(Please see Plan documents for enrollment eligibility requirements.)
- 2. Account Number _____
- 3. Last Four of Owner's Social Security Number or Tax Identification Number _____
- 4. Account Registration _____
- 5. Account Address _____
Street City State Zip Code
- 6. Telephone Number _____
- 7. E-mail Address _____

This section is to be completed only if you already maintain an account with Broadridge. Please proceed to Section III to manage existing Account Elections.

SECTION II - NEW SHAREHOLDERS - PLEASE PRINT

You may also utilize our online Stock Purchase Wizard at stockplans.broadridge.com to establish a new account.

- 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 Plan 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. Provide the primary account holder's Date of Birth (the primary account holder is the first joint tenant listed on the account).

Owner's First Name	M.I.	Last Name	Owner's Date of Birth <small>(MM/DD/YYYY)</small>	Joint Owner's First Name	M.I.	Last Name
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 - Custodial or Guardianship of Minor:** 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 (U.S. only).

Custodian's First Name	M.I.	Last Name	Minor's First Name	M.I.	Last Name	Minor's Date of Birth <small>(MM/DD/YYYY)</small>	Minor's State of Residence <small>(U.S. only)</small>
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 - Trust:** Account is established in accordance with provisions of a trust agreement.

Trustee Name(s)	Name of Trust	Trust Date
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 - Corporation, Partnership, or Other Entity:**

Business Name

- 4. Account Address (required) _____
Street City State Zip Code
- 5. Telephone Number _____
- 6. E-mail Address _____

SECTION III - DIVIDEND ELECTIONS - PLEASE PRINT

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. (number)
- All cash – Do not reinvest my dividends – Receive check.** Your dividend check will be automatically mailed to your address of record.
- All cash – Do not reinvest my dividends – Direct deposit my dividends.** 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. (See Section V.)

SECTION IV - AUTHORIZATION FOR ONE TIME OR RECURRING INVESTMENTS - OPTIONAL

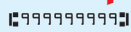
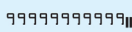

- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make a **one time** voluntary contribution in the amount indicated to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan. The check made payable to Broadridge for \$ _____ is enclosed. (Please see Plan documents for min./max. amount.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make a **one time** automatic withdrawal from my/our checking/savings account in the amount indicated below to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan. One Time Investment Amount \$ _____ (Please see Plan documents for min./max. draft amount.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **start** making recurring automatic withdrawals from my/our checking/savings account in the amount indicated below to invest in shares of _____ pursuant to the terms of the issuer's applicable Plan.
 Automatic Investment Amount \$ _____ (Please see Plan documents for min./max. draft amount.)
 Frequency: Monthly Quarterly Semi-Annual (Please see Plan documents for permitted frequencies.)
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **change** the automatic recurring investment amount from my/our checking/savings account to \$ _____.
- I/We hereby authorize Broadridge Corporate Issuer Solutions, Inc. to **terminate** existing instructions authorizing recurring automatic withdrawals from my/our checking/savings account.

**SECTION V - INCLUDE A VOIDED CHECK
 BANKING INFORMATION FOR ONE TIME OR RECURRING INVESTMENTS AND/OR DIRECT DEPOSIT AUTHORIZATION**

Select One: Type of Account:

Checking Savings

Name(s) on Bank Account:

John Doe 123 Main Street Anytown, USA	1234
Pay to the order of _____ \$ _____	Date _____
Any Bank USA	Dollars
For _____	
  	

Attach voided check here.

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 VI - SIGNATURE(S)

SIGNATURE(S) - 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. The signature of all registered holders is required.

 Signature Date Signature Date

NEW HOLDER/RECIPIENT TAX PAYER ID CERTIFICATION (SUBSTITUTE W-9)

If a new custodial account is being created, provide the minor’s TIN and have the custodian sign the form. For joint tenant accounts, provide the primary account holder’s TIN (the primary account holder is the first joint tenant listed on the account). If requested information is not known at time of transfer, or the new owner is not available to sign, an IRS Form W-9 will be mailed to the new shareholder(s) once the shares are transferred. A new shareholder may also go online at shareholder.broadridge.com to print an IRS Form W-9. If the new holder/recipient is not a U.S. person (including a U.S. resident alien), please complete the applicable IRS Form W-8.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester’s name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form 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 (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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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