



## Dividend Direct Deposit Enrollment

If you would like your dividend payments to be electronically deposited into your checking account, please complete the authorization and financial institution information below, enclose a voided personal check (write VOID across the face of a blank check) and return this form in the enclosed postage-paid envelope.

If you would like your payment to be deposited into your savings or credit union account, complete the authorization form below, and return it in the enclosed postage-paid envelope.

Authorization forms must be signed by all registered holders on the account. Enrollments must be received one month prior to payment date. Verification of the deposit will appear on your regular financial institution account statement.

Shareholders living outside the U.S. are required to designate a U.S. financial institution for this service.

Additional information may be obtained from Continental Stock Transfer & Trust Company at 17 Battery Place, New York, New York 10004 or by calling (800) 509-5586.

### Direct Deposit Authorization

I (we) authorize Continental Stock Transfer & Trust Company to deposit my (our) dividend payments into the account specified below. This authorization will remain in effect until I (we) give written notice to terminate it or until Continental Stock Transfer & Trust Company has notified me (us) that this direct deposit service has been terminated. I (we) understand that I (we) must give advance notice to allow reasonable time for my (our) instructions to be executed and that I (we) are responsible for notifying Continental Stock Transfer & Trust company of a change in bank account information. Verification of deposit will appear on your regular financial institution account statement.

### Shareholder Account Information

Print Name(s) on Shareholder Account	Shareholder Signature(s) (if joint all must sign)
1.	1.
2.	2.
Shareholder Account#	Daytime telephone# (     )     -
Social Security #	Date

### Financial Institution Information

If you wish to have your payment deposited into a checking account, please complete the financial institution information below and enclose a voided check.

If you wish to have your payment deposited into savings or credit union account, please complete this section and include a cancelled check or deposit slip.

Name of Financial Institution	Account Number _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address	9-digit ABA Transit/Routing Number _____