

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

- Joint -** Will be presumed to be joint tenants with rights of survivorship unless restricted by applicable state law or otherwise indicated.
- Custodial -** A minor is the beneficial owner of the account with an adult custodian managing the account until the minor comes of age, as specified in the Uniform Gift/Transfer to Minors Act in the minor's state of residence. Please note that both the minor's and custodian social security number must be provided.
- Trust -** Account is established in accordance with the provisions of a trust agreement.

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.

A	B	C	1	2	3	X
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## Direct Stock Purchase Plan – Initial Enrollment Form

### Account Legal Registration (Choose One)

<input type="checkbox"/> <b>Single/Joint Account</b>	<input type="checkbox"/> <b>Custodial Account</b>	<input type="checkbox"/> <b>Trust Account</b>
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### Citizenship

<input type="checkbox"/> <b>USA</b>	<input type="checkbox"/> <b>Other</b> You must complete a W-8BEN form. Please refer to our website at <a href="http://www.computershare.com">www.computershare.com</a> or call the phone number above to obtain a form.
-------------------------------------	--

Date of Trust (mm/dd/yyyy)

/	/	
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### Account Information

Name, Custodian Name or Full Trust Name

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Joint Owner (if any), Minor's Name or Trustee(s) Name

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Date of Birth (Primary Account Holder/Minor)	Date of Birth (Joint Account Holder/Custodian)	Minor's State (if applicable)
<table border="1" style="width: 100%; text-align: center;">/ /</table>	<table border="1" style="width: 100%; text-align: center;">/ /</table>	<table border="1" style="width: 100%;"></table>

Social Security Number (SSN) (Primary Account Holder/Minor) or Employer Identification Number (EIN)	Social Security Number (SSN) (Joint Account Holder/Custodian)
<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>

Street Number	Street Name	Apt./Unit Number
<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>

City/Town	State/Province	Postal Code	Country
<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>



## Direct Stock Purchase Plan - Initial Enrollment Form

Home Telephone Number

Business Telephone Number

### Please refer to the plan prospectus or brochure before enrolling.

Check one box only. If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed.

#### Full Dividend Reinvestment

Please mark this box if you wish to reinvest all dividends that become payable on this account, on all stock now held or any future holdings, including optional cash purchases.

#### All Dividends Paid In Cash

Please mark this box if you wish to receive all dividend payments in cash on all stock now held or any future holdings, including optional cash purchases.

#### Partial Dividends Paid In Cash

Please mark this box and specify the number of whole shares on which you wish to receive dividend payments in cash. The dividends on all remaining shares or any future holdings, including optional cash purchases, will be reinvested.

Number of shares

**Under penalties of perjury, I certify that:** 1. The number shown on this form is my correct taxpayer identification number, 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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).

**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.

By participating in the plan, I agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I have read and fully understand the terms and conditions of the prospectus or brochure. I further agree that my participation in the plan will continue until I notify Computershare Trust Company, N.A. in writing that I desire to terminate my participation in the plan. Upon providing such notification, I acknowledge that my withdrawal from the plan will be subject to the terms and conditions of the prospectus or brochure that governs the plan. By signing this form, I am certifying that I am of legal age in the state or country of my residence.

Enrollment forms will be processed within 5 business days of receipt. Confirmation of enrollment will not be mailed; however, a transaction statement will be mailed once there is activity in your account. If you would like to confirm your enrollment in the plan, please call us at the number referenced on the front page.

**To be valid, this form must be signed by all account holders.**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Please return completed form to:**

Computershare  
P.O. Box 43078 Providence RI 02940-3078

Signature 1 - Please keep signature within the box.

Signature 2 - Please keep signature within the box.

Date (mm/dd/yyyy)

### Please enclose a check for your initial investment plus a \$10.00 enrollment fee (if applicable).

**Make checks payable to Computershare. Please refer to the plan prospectus or brochure for the minimum/maximum amount of the initial investment. No interest will be paid on the funds held pending investment.**

#### Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information and other financial information.

With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information.

Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.



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B G P



Computershare Trust Company, N.A.  
 250 Royall Street  
 Canton Massachusetts 02021  
 Within the US, Canada & Puerto Rico 800 446 2617  
 Outside the US, Canada & Puerto Rico 781 575 2723  
 www.computershare.com

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.

A	B	C	1	2	3	X
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## Direct Stock Purchase Plan - Direct Debit Authorization

**Please select one.**  Funds will be withdrawn on the 1st of the month or next business day.  Funds will be withdrawn on the 15th of the month or next business day.  Funds will be withdrawn on the 1st and 15th of the month or next business days.

The funds to be withdrawn on the date indicated above.

\$    ,    .

### Dollar Amount:

This plan allows for a minimum amount of \$50 with a maximum of \$250,000 per year.

### Financial Institution Information

**A.** **Please select one.**  Individual  Joint  Other

**B.** **Please select one.**  Checking Account  Savings Account

Financial institution account number

Financial institution routing number

Note: DO NOT USE A CREDIT CARD. If you do not know your account number or the routing number, please see the reverse side of this form or check with your financial institution.

Name(s) in which the above account is held

**Note: If you are not currently enrolled in this company's plan, by signing this form, you will automatically be enrolled in the plan for full dividend reinvestment. All your dividends will be used to purchase additional shares.**

I/We hereby authorize Computershare to make monthly automatic transfers of funds from the above account in the amount shown. This deduction will be used to purchase shares to be deposited into my/our account. **All owners of the financial institution account must sign below.**

Signature 1 - Please keep signature within the box.

Signature 2 - Please keep signature within the box.

Date (mm/dd/yyyy)

/  /

Daytime Telephone Number

Please return completed form to:

Computershare  
 P.O. Box 43078  
 Providence RI 02940-3078



## How to complete this form

1. Check one box to confirm the day(s) the funds are to be withdrawn from your account.
2. Amount of automatic deduction: Indicate the amount authorized to transfer from your account to purchase additional shares.
3. Indicate the type of account (Individual, Joint, Other) held with the financial institution.
4. Indicate checking or savings.
5. Print the complete financial institution account number.
6. Print the financial institution routing number from your check or savings deposit slip. **If you are using a savings account, contact your financial institution for the routing number.**
7. Print the name(s) in which the financial institution account is held.
8. All authorized owners of the financial institution account must sign this form.

### SAMPLE CHECK

Name(s) in which bank account is held	John A. Doe Mary B. Doe 123 Your Street Anywhere, U.S.A. 12345	63-858 670
	PAY TO THE ORDER OF	_____ 20 _____ \$ [ ]
Financial institution and branch information	Bank of Anywhere 123 Main Street Anywhere, USA 12345	
	FOR _____	SAMPLE (NON-NEGOTIABLE)
	⑆ 234 56789	⑆ 234 567890 ⑆ 234 567
	Routing number	Account number