



Direct Share Purchase and Sale Program

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 Shareholder Services 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 program, including purchase dates, minimum and maximum investment amounts, and any fees associated with the program.

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



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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 www.shareholder.broadridge.com.

SECTION I - EXISTING SHAREHOLDERS - PLEASE PRINT

1. Company Name _____ 2. Account Number _____
(Please see plan documents for enrollment eligibility requirements.)

3. Account Registration _____

4. Last Four of Owner's Social Security Number or Tax Identification Number _____

5. Account Address _____
Street City State Zip Code
() _____ () _____
Daytime Phone Evening Phone

*** Please proceed to Section IV to manage Account Elections.**

SECTION II - NEW SHAREHOLDERS - PLEASE PRINT

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 Program 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. Only one Social Security Number or Tax Identification Number is required for tax reporting.

Owner's First Name M.I. Last Name Owner's Social Security Number or Tax Identification Number Joint Owner's First Name M.I. Last Name

Custodial: 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.

Custodian's First Name M.I. Last Name Minor's First Name M.I. Last Name Minor's Social Security Number Minor's State of Residence

Trust: Account is established in accordance with provisions of a trust agreement.

Trustee Name(s) Name of Trust Trust Date Trust Tax Identification Number

Corporation, Partnership, or Other Entity:

Business Name Tax Identification Number

4. Account Address _____
Street City State Zip Code
() _____ () _____
Daytime Phone Evening Phone

SECTION III - ACCOUNT CERTIFICATION

1. Substitute Form W-9 (Required for a U.S. person including a resident alien.)

Exemption from FATCA reporting code (if any) is **NOT APPLICABLE**. Applies to accounts maintained outside the U.S.
Under penalties of perjury, I certify that:

- 1. The number shown in Section II 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 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 a U.S. resident alien).
- 4. The FATCA code entered on this form (if any) is correct and indicates that I am exempt from FATCA reporting.

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 of underreporting interest or dividends on your tax return. For a joint account, only the person whose Tax Identification Number is shown in Section II should sign.

Taxpayer Signature _____ Date _____

Check here if you are a foreign person in need of a Form W-8.

SECTION IV - ACCOUNT ELECTIONS - PLEASE PRINT

1. Dividend Reinvestment Election

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.
- All cash – Do not reinvest my dividends.** (Your dividend check will be automatically mailed to your address of record UNLESS you check the box below.)
- 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. (Please include a voided check)

2. Authorization for Monthly Investments – Optional – Include a voided check

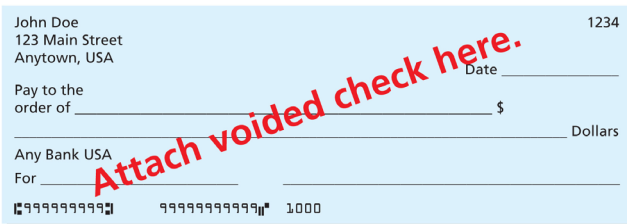
I/we hereby authorize Broadridge Corporate Issuer Solutions, Inc. to make monthly automatic withdrawals from my/our checking/savings account in the amount indicated below to invest in shares of _____ (Insert Company Name)
pursuant to the terms of the applicable plan. (Please include a voided check)

Automatic Monthly Investment Amount (Please see plan documents for min./max. draft amount) \$ _____

3. Banking Information for Monthly Investments and/or Direct Deposit Authorization.

Type of Account Checking Savings

Name on Account _____



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 V - SIGNATURES

SIGNATURES - 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. (Both signatures required for Joint Tenant accounts.)

Signature(s) Date Signature(s) Date