





Computershare Trust Company, N.A.
PO Box 43006
Providence, RI 02940-3006
Telephone: 833 869-6399

Certain account updates now available via TEXT MESSAGE. Enroll at <u>www.cshare.us/smsop</u>	Telephone: 833 869-6399 www.computershare.com/investor
Name	
Address	
City, State, Zip	Holder Account Number
Use a black pen. Print in CAPITAL letters inside the grey preas as shown in this example. A B C 1 2 3 X	This form is to be used for recurring debits only. Do not use for one time purchases.
Dividend Reinvestment Plan - Direct Debit Authorization - Mo	onthly
f the month or the next business day This month or the next business day	billar Amount: s plan allows for a minimum amount of \$25 with a maximum of \$10,000 per on the initial structure. The property of the property of the initial structure of the initial structure.
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
lote: DO NOT USE A CREDIT CARD. If you do not know your account number or the routing number, please se account numbers must be in numeric format. Iame(s) in which the above account is held	e the reverse side of this form or check with your financial institution.
Note: If you are not currently enrolled in this company's Plan, by signing this form, you agree to the following: (1) to enroperchase additional shares (if available); (2) to be bound by the terms and conditions of the prospectus or brochure that of the prospectus or brochure; and (4) that you further agree that your participation in the Plan will continue until you no participation in the Plan. Upon providing such notification, you acknowledge that withdrawal from the Plan will be subject to the Plan will be subject that withdrawal from the Plan will be subject that withdrawal from the Plan will be subject that withdrawal from the Plan will be subject to the Plan will	governs the Plan; (3) that you have read and fully understand the terms and conditions utify Computershare in writing or by other available means that you desire to terminate It to the terms and conditions of the prospectus or brochure that governs the Plan.
Signature 1 - Please keep signature within the box. Signature 2 - Please keep signature within the box	c. Date (mm/dd/yyyy)
Daytime Telephone Number	
Please return comple	ted form to: Computershare PO Box 43006 Providence, RI 02940-3006

٠

How to complete this form

- 1. Amount of automatic deduction: Indicate the amount authorized to transfer from your account to purchase additional shares.
- 2. Indicate the type of account held with the financial institution.
- 3. Indicate checking or savings.
- 4. Print the complete financial institution account number.
- 5. 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.**
- 6. Print the name(s) in which the financial institution account is held.
- All authorized owners of the financial institution account must sign this form.

SAMPLE CHECK John A. Doe 63-858 670 Name(s) in which Mary B. Doe account is held 123 Your Street Anywhere, U.S.A. 12345 PAY TO THE ORDER OF \$ Bank of Anywhere Financial institution and 123 Main Street Anywhere, USA 12345 branch information FOR SAMPLE (NON-NEGOTIABLE) 12345678901234567 123456789 1234 Bank Routing Number Bank Account Number Check Number This number typically begins with a 0, 1, 2 or 3.