

Direct Share Purchase and Sale Program

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718 Phone: (877) 830-4936

Are you a registered shareowner?
Yes No All Registered Shareowners
Must Sign to Activate

When completed and signed, this form should be mailed in the envelope provided to:

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717 Questions?

Call 1-877-830-4936 Monday to Friday 9 a.m. to 6 p.m. Eastern Time

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.

www.shareholder.broadridge.c	om.				
PLEASE PRINT					
1. Company Name		(Ple	ease see plan documents for enroll	ment eligibility requirements.)	
2. Initial Investments (Make chec	ks payable to: Broadridge)				
As a new investor, 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 initi	al investment minimum and	maximum.)		
3. Account Registration - Type	of Account (Please check one box and	I provide all requested inform	nation.)		
unless tenants in commor	accounts will be presumed to b , tenants by the entireties, or co on Number is required for tax rep	mmunity property reg			
	Last Name Owner's Social S or Tax Identific beneficial owner of the account cified in the Uniform Gifts/Transf	ation Number with an adult custodia		until the minor reaches	
Custodian's First Name M.I.	Last Name Minor's First Name N	И.I. Last Name Min	nor's Social Security Number N	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 Identi	fication Number	
Corporation, Partnershi	o, or Other Entity:	1 K - 46 18 1			
Business Name		, s, s, s	Tax Identification Number		
4. Account Address					
	Street	City	State	ZIP Code	
() Daytime Phone	() Evening Phone		

THE A	SE PRINT	
	nds paid on (Insert Company Name) (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. Plea the dividends on my remaining shares, as well as all future s	se remit to me the dividends on shares. I understand that hares that I acquire, will be reinvested.	
All cash – Do not reinvest my dividends. (Your dividend check	k will be automatically mailed to your address of record UNLESS you check the box below.)	
I would like to receive my cash dividends by electronic to have my dividends deposited automatically in my bank ac	transfer into my bank account. I hereby authorize the Administrator COUNT. (Complete Section 6, Authorization for Monthly Investments.)	
savings account in the amount indicated below to invest in pursuant to the terms of the Broadridge Direct Share Purchase		
1. Type of Account Checking Saving		
2. Automatic Monthly Investment Amount (Please see plan document)	ents for min./max. draft amount) \$	
3. Name on Account	4. Signature (Sign as Name Appears on Account)	
John Doe 123 Main Street Anytown, USA Pay to the order of	here.	
Pay to the	check bate	
order of	\$ Dollars	
Any Bank USA	DOIIId15	
For Atlas		
	00	
To be completed by your financial organization only if a voide savings & loan. Name of Financial Organization	ed check cannot be supplied or your account is with a credit union or	
Bank Routing Number		
Checking		
Savings Bank Account Number	The state of the s	
	Authorized Signature of Financial Organization	
 Substitute Form W-9 (Required for a U.S. person including a resident alien) Under penalties of perjury, I certify that: The number shown in Section 2 is my correct taxpayer 	Certification Instructions – You must cross out item 2 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 1 should sign.	
identification number (or I am waiting for a number to be issued to me), and		
 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.	Taxpayer Signature	
I am a U.S. person (including a U.S. resident alien).	Date	
Check here if you are a foreign person in need of a Form W-		
	the Broadridge Direct Share Purchase and Sale Program and agree to	
Signature(s)	Date	
Signature(s)	Date	