



Name(s) of Current Investor(s)

Address

City, State, Zip

Computershare Account Number

C

Company Name

Change of Transfer on Death (TOD) Beneficiary Form

PLEASE PRINT CLEARLY

1. CURRENT INVESTOR INFORMATION

Daytime Telephone Number of Requestor

A

2. CURRENT INVESTOR'S AUTHORIZED SIGNATURES

The undersigned does (do) hereby irrevocably constitute and appoint Computershare as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises.

The signature(s) below on this Transfer Request form must correspond exactly with the name(s) as shown upon the face of the stock certificate or a Computershare-issued statement for book-entry shares, without alteration or enlargement or any change whatever. The below must be signed by all current registered holders, or a legally authorized representative with indication of his or her capacity next to the signature.

NOTE: Signature(s) must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings bank, savings and loan, US stockbroker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program (A NOTARY SEAL IS NOT ACCEPTABLE).

Signature(s) must be stamped with an appropriate Medallion Signature Guarantee in the box provided.

Required ► Medallion Guarantee Stamp
Current Investor(s) or Legal Rep(s) or Custodian
(Notary Seal Is Not Acceptable)

Signature of All Current Investor(s) or Legal Representative(s) or Custodian / Broker

Date (mm / dd / yyyy)



3. NEW BENEFICIARY INFORMATION

Please complete section for each beneficiary to be listed on the account. Beneficiaries listed below will replace all current beneficiaries listed on the account. Use additional pages as necessary.

PRIMARY TOD BENEFICIARY

Name (First, MI, Last) **A**

Name of Custodian if Beneficiary is a Minor (First, MI, Last) **B**

Street Address **C** Apt. / Unit Number

City State Zip Code

Social Security Number (SSN) or Employer Identification Number (EIN) **D** SSN EIN **E** Share Percentage (0 to 100) %

PRIMARY TOD BENEFICIARY

Name (First, MI, Last) **A**

Name of Custodian if Beneficiary is a Minor (First, MI, Last) **B**

Street Address **C** Apt. / Unit Number

City State Zip Code

Social Security Number (SSN) or Employer Identification Number (EIN) **D** SSN EIN **E** Share Percentage (0 to 100) %

Check this box and attach a signed and dated page to list additional primary beneficiaries.

TOTAL %



3. NEW BENEFICIARY INFORMATION (CONTINUED)

CONTINGENT TOD BENEFICIARY
 Name (First, MI, Last)

A

Name of Custodian if Beneficiary is a Minor (First, MI, Last)

B

Street Address Apt. / Unit Number

C

City State Zip Code

Social Security Number (SSN) or Employer Identification Number (EIN) Share Percentage (0 to 100)

D SSN EIN **E** %

CONTINGENT TOD BENEFICIARY
 Name (First, MI, Last)

A

Name of Custodian if Beneficiary is a Minor (First, MI, Last)

B

Street Address Apt. / Unit Number

C

City State Zip Code

Social Security Number (SSN) or Employer Identification Number (EIN) Share Percentage (0 to 100)

D SSN EIN **E** %

Check this box and attach a signed and dated page to list additional contingent beneficiaries.

TOTAL 1 0 0 %

Please mail the completed form along with all applicable required documents:

<p>Regular mail: Computershare PO Box 505013 Louisville, KY 40233-5013</p>	<p>Overnight/certified/registered delivery: Computershare 462 South 4th Street, Suite 1600 Louisville, KY 40202</p>
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