

Regular Mail or Overnight Delivery send to:
Issuer Direct Corporation
ATTN: Direct Transfer
500 PERIMETER PARK
SUITE D
MORRISVILLE, NC, 27560

Please print clearly.

1. Current Shareholder Information

NAME(S) CURRENTLY ON ACCOUNT

ACCOUNT NUMBER

ADDRESS

NAME OF STOCK BEING TRANSFERRED

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

IMPORTANT Original stock certificate(s) must be submitted for transfer to be completed.

(If you are missing your original certificate, please contact us for replacement paperwork.)

2. Quantity of shares to be transferred _____

Certificated

Book Entry

3. Cost Basis of shares being transferred, purchased, or acquired _____

(USD / per share)

4. Authorized Signatures

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

NOTE: The signature(s) below on this Transfer Request from must correspond exactly with the name(s) as shown upon the face of the stock certificate or a Company statement for book-entry shares, without alteration or enlargement or any change whatsoever. The signature line 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.

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, U.S. stockbroker and security dealer, or credit union, which is participating in an approved Medallion Signature Guarantee Program.

5. Medallion Signature Guarantee

CURRENT SHAREHOLDER SIGNATURE

DATE

SIGNATURE OF CO-OWNER

DATE

6. Delivery Instructions

Book Entry Statement

Certificated Shares

7. New Shareholder Information

NAME(S) TO APPEAR ON ACCOUNT If a trust, indicate date of trust and trustee(s).

SOCIAL SECURITY NUMBER OR TAX ID NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE, ZIP

EMAIL ADDRESS

8. Type Of Account

Individual

Joint Tenant WROS

Trust

Transfer on Death

Custodial with Minor

Other

9. Form W-9 This must be signed by the NEW shareholder with the Social Security Number/Tax ID Number indicated in Section 7 above.

Certification: 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 IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions).

Certification Instructions: You must cross out item (2) in the above paragraph if you have been notified by the IRS you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. See instructions and information from IRS by clicking on Form W-9 on the Forms area of this website. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF NEW SHAREHOLDER

DATE