

DIVIDEND REINVESTOR REQUEST FORM
(A Email/Mail/Fax order form must accompany this request form)

Issue Name:

Cusip Number:

Date of Dividend Reinvestment (Please select one):

- | | |
|---|---|
| <input type="checkbox"/> Ex-Dividend Date | <input type="checkbox"/> Ex-Dividend Date + 1 |
| <input type="checkbox"/> Record Date | <input type="checkbox"/> Record Date + 1 |
| <input type="checkbox"/> Payment Date | <input type="checkbox"/> Payment Date + 1 |

What type of price did the issuer use for reinvestment? (Please select one):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Closing Price | <input type="checkbox"/> Bid / Low Price | <input type="checkbox"/> Mean Price |
|--|--|-------------------------------------|

How many decimal positions should we use for our calculations? (Please select one):

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|

Original Purchase:

Date of Purchase:

Number of Shares Purchased:

Price per Share:

Or

Total Price of Purchase:

End Calculation Date:

Additional Purchase / Sale (Please select the appropriate choice) :

Date of Purchase / Sale: <input type="text"/>	Date of Purchase / Sale: <input type="text"/>
Number of Shares: <input type="text"/>	Number of Shares: <input type="text"/>
Price per Share: <input type="text"/>	Price per Share: <input type="text"/>
Or	Or
Total Price of Transaction: <input type="text"/>	Total Price of Transaction: <input type="text"/>