





Computershare PO Box 505013
Louisville, KY 40233-5013
I Free Number: 866-637-9460

	Toll Free Number: 866-637-9460 www.computershare.com/investor
Name(s) of Current Investor(s)	
Address	Current Computershare Account Number
City, State, Zip	C
	Company Name
Alternative Investment Duadust Transfer Degreet Con ands	and instructions. BUTACE BRINT OF FARIN
Alternative Investment Product Transfer Request — See enclosed	SEG INSTRUCTIONS PLEASE PRINT CLEARLY
CURRENT INVESTOR INFORMATION     Daytime Telephone Number of Requestor	
A	
2. SHARES TO BE TRANSFERRED	
—     OR —	Transfer Shares As Instructed Below (If this box is checked, complete C below and either D or E.)
Share Description (i.e., Common, Preferred, Series A, etc.)  Transfer All  D  En	ter number of whole / fractional shares to transfer, if applicable
3. CURRENT INVESTOR'S AUTHORIZED SIGNATURES	Required ► Medallion Guarantee Stamp
This section <u>must be completed properly</u> for your transfer to be executed. Please read instructions for section 3.	Current Investor(s) or Legal Rep(s) or Custodian (Notary Seal Is Not Acceptable)
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.	
Important: The signature(s) below on this Transfer Request must match exactly with the name(s) as shown on the stock certificate or Computershare-issued statement, without any change whatsoever. The below must be signed by all current registered investors, current custodian, or legally authorized representative with indication of his or her capacity next to the signature. It is the obligation of the guarantor institution to ensure the signer(s) is/are the appropriate person(s) to sign for the account.	
Signature(s) must be stamped with an appropriate Medallion Signature Guarantee in the box provided.	
Signature of All Current Investor(s) or Legal Representative(s) or Custodian / Broker	Date (mm / dd / yyyy)
1 1 1	



4. PURPOSE OF TRANSFER / COST BASIS DATA Please check off the applicable purpose of the transfer for shares acquired after 12/31/10. If this section is not fully completed, all transfers will be treated as Gifts, unless we receive documentation that this is a decedent transfer (i.e., Affidavit of Domicile), in which case the transfer will be treated as an Inheritance. If a date is not provided below, we will default to the effective date of the transfer. We recommend that you consult with your tax advisor regarding the tax implications for each type of transfer. Please check ONLY ONE box. If you check more than one box, your transfer will be treated as if you had not made any selection. Please see How to Complete the Transfer Request Form for further details. Private Sale Date of Sale: Cost Per Share: **US Dollars** Secondary Market/ **US** Dollars Date of Sale: Cost Per Share: Third Party Transaction Gift Date of Gift: Date of Death: Value Per Share: **US Dollars** Inheritance No Change of Ownership (Specify) 5. NEW INVESTOR / RECIPIENT ACCOUNT TYPE Mark only one box with an "X" and complete items indicated below. Α В NON-CUSTODIAL / NOT BROKER CONTROLLED **CUSTODIAL / BROKER CONTROLLED** For accounts managed by a broker or custodian including non-qualified broker If the account is NOT managed by a broker or custodian and you are managing controlled accounts and qualified IRA accounts, complete the following sections: your account as an individual investor, complete the following sections: Section 6 New Investor Information (Custodial / Broker Controlled) Section 8 New Investor Information (Non-Custodial / Not Broker Controlled) Section 7 New Custodian / Broker's Signature (Custodial / Broker Controlled) Section 9 New Investor's Financial Advisor Information (if applicable) Section 9 New Investor's Financial Advisor Information Form W-9 at the end of this package Form W-9 at the end of this package Note: The above sections are shaded with a gray background for easy identification (except for the Form W-9 at the end of this package). 6. NEW INVESTOR INFORMATION (CUSTODIAL / BROKER CONTROLLED) Existing Computershare Account Number (If applicable and known) Custodian / Broker's Taxpayer Identification Number (TIN) Α В New Custodian / Broker's Name C Street Address / PO Box Apt. / Unit Number D State Zip Code City Ε NEW QUALIFIED CUSTODIAL ACCOUNT TYPE (EXAMPLE OF QUALIFIED ACCOUNT TYPE: CUSTODIAN NAME FBO INVESTOR NAME IRA) Traditional IRA Simple IRA SEP IRA Education IRA Roth IRA Inherited IRA Other (Specify): NEW NON-QUALIFIED BROKER-CONTROLLED ACCOUNT TYPE (EXAMPLE OF NON-QUALIFIED ACCOUNT TYPE: CUSTODIAN NAME FBO INVESTOR NAME) G

Estate

Trust

Joint

Other (Specify):

Transfer on Death (TOD)

Individual

provide the following information for the benef	icial or underlying investor for whom the Cus	stodian / Broker will hold the sh	ares being transferred.	
Social Security Number (SSN) or Employer Id	entification Number (EIN) (do not use hyphens) SSN EIN	ID / Account Number a	at Custodian / Broker	
Name (First, MI, Last) - Individual / Entity / Tru	(check one box above) ustee / Executor / Other			
Name (First, MI, Last) - Joint Investor / Co-Tru	ustee / TOD Beneficiary / Other (if applicable	»)		
Estate Representative Legal Capacity (if appli	cable) Administrator	Personal Rep	Conservator	Othe
Trust / Estate Name (if applicable)				
Trust / Estate Name - continued		N Da	ate of Trust (mm / dd / yyyy) (if applica	able)
Street Address / PO Box				Apt. / Unit Number
City			State Zip Coo	le
Telephone Number				
EW CUSTODIAN / BROKER'S SIGNATUR ant: Signature(s) must be stamped with a Me provided in section 6, Item C. A notary seal is	dallion Signature Guarantee from the new		Required ► Medallion Guarant New Custodian (Notary Seal Is Not n	ee Stamp Acceptable)
			te (mm / dd / yyyy)	

8. 1	IEW INVESTOR INFORMATION (NON-CUSTODIAL / NOT BROKER CON	TROL	LED)			
	e complete section for each new investor. Use additional pages as necessary. The controlled, do not complete this section and refer to Section 5.	nis sec	tion is for non-custodial and non-bro	ker controlled accour	nts only. If the ne	w account is custodial
	Individual (complete A, B, C, H, I & J)		Estate (complete A, B, C, E, H, I &	J and Provide Estat	te EIN on Form V	V-9)
	Joint (complete A, B, C, D, H, I & J)		Trust (complete A, B, C, D, F, G, F	ł, l & J)		
	Transfer on Death ("TOD") (complete A, B, C, D, H, I & J)		Other (complete A, B, C, D, H, I &	J)		
NEW	INVESTOR INFORMATION					
Α	New Investor's Existing Computershare Account Number (if applicable and known in the computer of the count Number (if applicable and known in the count Numb	own)	Social Security Number	r (SSN) or Employer	Identification Nu	mber (EIN) (do not use hyphens) SSN EIN
	Name (First, MI, Last) - Individual / Entity / Trustee / Executor / Other					(check one box above)
С	Name (First, MI, Last) - Joint Investor / Co-Trustee / TOD Beneficiary / Other (i	f appli	cable)			
D						
Е	Estate Representative Legal Capacity (if applicable)	Г				
Ε	Executor Administrator		Personal Rep		Conservator	Other
	Trust / Estate Name (if applicable)					
F						
	Trust / Estate Name - continued			ate of Trust (mm / dd	/ yyyy) (if applica	able)
			G		/	
	Street Address / PO Box					Apt. / Unit Number
Н						
	City			State	Zip Cod	le

Telephone Number

### 9. NEW INVESTOR'S FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the new account. Please note, you must sign in the "NEW BENEFICIAL / UNDERLYING INVESTOR'S SIGNATURE" section below in order to grant consent for your Financial Advisor and your Financial Advisor's Institution to have view-only access to all account information. If this section is left blank, no Financial Advisor will be added to the account.

NCIAL ADVISOR INFORMATION			
Name			
CRD Number Assigned by FINRA	Telephone Number (do not use hyphens)		Ext.
	C		
E-mail Address			
ICIAL ADVISOR'S INSTITUTION INFORMATION			
Financial Institution Name			
CRD Number Assigned by FINRA	Telephone Number (do not use hyphens)		Ext.
	G		
	_		
Street Address / PO Box			Apt. / Unit Number
City		State	Zip Code
BENEFICIAL / UNDERLYING INVESTOR'S SIGN	ATURE		
	tershare to grant view-only access of all account information to the	Financial Advisor and the	Financial Advisor's Institution if pr
·	ne new investor notifies Computershare to revoke such consent.		
Signature of New Benef	icial / Underlying Investor	Date (mm / dd / yyyy)	
		/	/
		/	

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

Regular mail: Computershare PO Box 505013 Louisville, KY 40233-5013

Overnight/certified/registered delivery: Computershare 462 South 4th Street, Suite 1600 Louisville, KY 40202



Computershare PO Box 505013

Louisville, KY 40233-5013

Toll Free Number: 866-637-9460 www.computershare.com/investor

Name(s)	
Address	
Audiess	
City, State, Zip	
ıck ink. Print in	
Letters inside the grey s shown in this example.  A B C  1 2 3	X

# Form W-9 Request for Taxpayer Identification Number and Certification

If this Form W-9 is not completed and returned, your account may be subject to backup withholding at the applicable tax rate on all dividends and sale proceeds.

For joint tenant accounts, the TIN provided must belong to the first owner listed above to avoid backup withholding.

A Taxpayer Identification Number (TIN)  Enter your TIN for the above registered name and address in the For other entities, it is your Employer Identification Number (Ell		
Social Security Number		Employer Identification Number
	OR	
B Federal Tax Classification		Lin

Check appropriate box (required); check only **ONE** of the following boxes: Individual/Sole Trust/ Proprietor or Single-C Corporation S Corporation Partnership Estate Note: For a single-member LLC that is disregarded, check the appropriate box above for the tax classification of the single-member owner.

C Exempt Payee Code (if any) If you are exempt from backup withholding, enter in the Exemptions box, any code that may apply to you. See Exempt payee codes on the back of this form.

nited Liability Company Other Classification

If you are an LLC or Other Classification, do not complete this form. You must complete an IRS Form W-9. This form can be found on the IRS website at www.irs.gov. See "Limited Liability Company or Other Classification" on the back of this form for more information.

Exemption from FATCA reporting code (if any) Not Applicable

(Applies to accounts maintained outside the U.S.

# **D** 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 Internal Revenue Service (IRS) 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, and
- 3. I am a U.S. citizen or other U.S. person (defined on reverse).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (defined on reverse).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

inis form must be	signed and dated for us to accept as proper certification.		
Sign Here	Signature of U.S. Person - Please keep signature within the box	Date (mm/dd/yyyy)	Daytime Telephone Number
		/ /	

Send form to Computershare. Do not send to the IRS.



# How to complete this form

### **Backup Withholding**

The Internal Revenue Service (IRS) requires us to withhold taxes for the applicable rate of backup withholding for U.S. persons without a W-9 tax certification who are not otherwise exempt. Parties acting as disbursement agents, such as Computershare, must withhold and pay to the IRS the applicable tax rate of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, and royalties. Supplying us with your correct Taxpayer Identification Number (TIN), and signing this form will generally allow you to receive your payments without being subject to backup withholding. Failure to supply your TIN, or supplying us with an incorrect TIN, could result in a \$50.00 penalty being assessed by the IRS.

Receipt of a completed Form W-9 will discontinue backup withholding unless otherwise required.

#### What Name and Number To Give the Requester

For this type of account:		Give name and SSN of:		
1.	Individual	The individual		
2.	Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account		
3.	Custodian account of a minor (Uniform Gift to Minors Act)	The minor		
4.	a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee		
	b. So-called trust account that is not a legal or valid trust under state law	The actual owner		
5.	Sole proprietorship or disregarded entity owned by an individual	The owner		
6.	Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor		
	For this type of account:	Give name and EIN of:		
7.	Disregarded entity not owned by an individual	The owner		
8.	A valid trust, estate, or pension trust	Legal entity		
9.	Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation		
Association, club, religious, charitable, educational, or other tax- exempt organization		The organization		
11.	Partnership or multi-member LLC	The partnership		
12	. A broker or registered nominee	The broker or nominee		
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments		The public entity		
14	Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust		

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 -- An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 -- The United States or any of its agencies or instrumentalities
- 3 A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4 -- A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 A corporation
- 6 A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 A real estate investment trust
- $9\,-\,$  An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 A common trust fund operated by a bank under section 584(a)
- 11 -- A financial institution
- 12 A middleman known in the investment community as a nominee or custodian
- 13 A trust exempt from tax under section 664 or described in section 4947

## **Limited Liability Company or Other Classification**

If you are a Limited Liability Company or Other entity, complete an IRS Form W-9 found on the IRS website <a href="www.irs.gov">www.irs.gov</a>. Be sure to include the information required in the IRS instructions for a Limited Liability Company (LLC) or for Other entities on page 2. Return the completed form to the address below.

**Definition of a U.S. Person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations Section 301.7701-7).

**Exemption from FATCA reporting:** If you are submitting this form for an account that is maintained in the United States, you are exempt from FATCA reporting.