



# MANHATTAN TRANSFER

REGISTRAR COMPANY

38B Sheep Pasture Rd.  
Port Jefferson, NY 11777  
Phone (631) 928-7655  
Fax (631) 209-8143

## DWAC/DRS DELIVERY REQUEST

### SHAREHOLDER ACCOUNT INFORMATION

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### BROKER INFORMATION

Contact Name: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Participant Number: \_\_\_\_\_

Address: \_\_\_\_\_

### SECURITY/STOCK INFORMATION

Name of Issuer: \_\_\_\_\_

Symbol: \_\_\_\_\_

CUSIP Number: \_\_\_\_\_

Number of Shares: \_\_\_\_\_

Certificate Number(s): \_\_\_\_\_

I, \_\_\_\_\_, hereby request Manhattan Transfer Registrar Co. to approve the DWAC request my broker will post of my behalf to deposit the shares I described above into my account at my brokerage.

\_\_\_\_\_  
Signature of registered shareholder

\_\_\_\_\_  
Date