





Computershare Trust Company, N.A. PO Box 505013 Louisville, KY 40233-5013 Telephone: 1-866-902-0063 www.computershare.com/investor

Name	
Address	
City, State, Zip	Holder Account Number
Use a <u>black</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.	
Dividend Reinvestment Plan - Enrollment Form	
Please refer to the plan prospectus or brochure before enrolling. (If you do not w complete this form.)	ant to enroll in the plan and you want to receive all your dividends in cash you do not need to
•	ENT will be assumed. If the plan permits, you may make optional cash investments at any time under
Full Dividend Reinvestment  Please mark this box if you wish to reinvest all dividends that become payabl or any future holdings, including shares purchased with optional cash investor	
All Dividends Paid in Cash (No Dividend Reinve Please mark this box if you wish to receive dividend payments in cash on all including shares purchased with optional cash investments.	
By participating in the plan, I agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I have read and fully understand the terms and conditions of the prospectus or brochure. I further agree that my participation in the plan will continue until I notify Computershare in writing that I desire to terminate my participation in the plan. Upon providing such notification, I acknowledge that my withdrawal from the plan will be subject to the terms and conditions of the prospectus or brochure that governs the plan.	
Enrollment forms will be processed within 5 business days of receipt. Confirmation of en account. If you would like to confirm your enrollment in the plan, please call us at the ab	rollment will not be mailed; however, a transaction statement will be mailed once there is activity in your ove referenced telephone number.
To be valid, this form must be signed by all registered shareholders. If you do not s	
Signature 1 - Please keep signature within the box.  Signature 2 - Please keep	signature within the box.  Date (mm/dd/yyyy)
Daytime Telephone Number	
Ple	ase return completed form to:  Computershare PO Box 505013 Louisville, KY 40233-5013

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## **Privacy Notice**

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans, direct registration services and/or custody services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information, date of birth, government-issued identification number, and other financial information.

With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information.

Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.