

Dear Shareholder,

The following form has two parts: a Stock Power form and a Substitute Form W-9 card. The Substitute Form W-9 card at the bottom has been added for your convenience. It is not necessary to be completed when transferring stock to an individual or entity. It is merely supplied as a convenience for you. If the Social Security/Tax ID Number is not certified at the time of the transfer, a follow-up mailing with another Substitute Form W-9 card will be made for this certification and mailed to you.

**Please do not detach the Substitute Form W-9 card from the Stock Power if it has been completed.**

(Please Detach After Reading)



209 West Jackson Boulevard  
Suite 903  
Chicago, Illinois 60606  
answerologist.com

800-757-5755  
312-427-2953  
312-427-2879 fax

**PLEASE NOTE: ERASURES, ALTERATIONS, ENLARGEMENTS OR CHANGES ARE NOT ALLOWED AND WILL VOID THIS FORM**

**PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE**

**Assignment Separate from Certificate (Stock Power)**

FOR VALUE RECEIVED, \_\_\_\_\_  
Current Owner(s) (Indicate if in the capacity of executor, administrator, guardian or other)

hereby sell, assign and transfer unto \_\_\_\_\_  
New Owner Registration (examples on back)

\_\_\_\_\_ New Owner Registration (examples on back)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ ( \_\_\_\_\_ ) Certified Shares  
Written Number of Shares to be Represented by Certificate Number of Shares

and/or \* \_\_\_\_\_ (\* \_\_\_\_\_ ) Book/Plan/DRS  
Written Number of Shares To Be Represented By Book Shares Number of Shares

Shares at a price of \$ \_\_\_\_\_ per share of the \_\_\_\_\_ Stock of \_\_\_\_\_  
This is the Price Paid Per Share in this Transfer Class of Stock (ie. Common - Preferred) Name of Company

\_\_\_\_\_ standing in \_\_\_\_\_ name on the books of said \_\_\_\_\_  
Name of Company My, Our, His, Her, Their Name of Company

represented by Certificate No.(s) \_\_\_\_\_  
List Prefix and Numbers

\_\_\_\_\_ and/or book shares from account number \_\_\_\_\_  
If in Doubt - Leave Blank

herewith and do hereby irrevocably constitute and appoint IST Shareholder Services as attorney to transfer the said stock on the books of the within named Company with full power of substitution in the premises.

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Daytime Phone For Questions

\_\_\_\_\_  
Signature of Current Owner (Indicate if in the capacity of executor, administrator, guardian or other)

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Current Owner (Indicate if in the capacity of executor, administrator, guardian or other)

**IMPORTANT - READ CAREFULLY**

The signature(s) to this Power must correspond with the name(s) as written upon the face of the certificate(s) in every particular without alteration or enlargement or any change whatever. Signature(s) must be guaranteed by a financial institution or stock brokerage that participates in a **Medallion Signature Guarantee Program**.

\*IF YOU ARE UNSURE OF YOUR BOOK SHARE HOLDINGS AND DESIRE TO TRANSFER ALL YOUR BOOK SHARES, PLEASE WRITE "ALL" IN THE ABOVE SPACE PROVIDED.

THIS AREA MUST BE EXECUTED BY A MEDALLION PROGRAM MEMBER

\_\_\_\_\_  
Medallion Guarantee

(Please Do Not Detach if Completed)

**SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

We are required by Federal income tax law to provide information returns to the IRS on certain transactions. It is your obligation to provide us with a certification of your correct Taxpayer Identification Number (TIN) and certain other information. Please read carefully the instructions on the back of this form, complete the required information, **sign on the reverse side** and return this card to IST Shareholder Services, 209 W. Jackson Blvd., Suite 903, Chicago, IL 60606.

**A-** The name shown below is identified by this Social Security or Taxpayer Identification number. \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

**PLEASE, AGAIN, INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE**

NAMES TO BE REGISTERED ON STOCK \_\_\_\_\_

ADDRESS \_\_\_\_\_

**B. CHECK BOX 1 IF YOU ARE NOT SUBJECT TO BACKUP WITHHOLDING.**

**C. FOR ALL ACCOUNTS, CHECK BOX 2 IF YOU ARE A SPECIFICALLY EXEMPT PAYEE.**

**Please Sign on Reverse Side**

**ABBREVIATIONS**

THE FOLLOWING ABBREVIATIONS, WHEN USED IN THE INSCRIPTION ON THE FACE OF THIS STATEMENT, SHALL BE CONSTRUED AS THOUGH THEY WERE WRITTEN OUT IN FULL ACCORDING TO APPLICABLE LAWS OR REGULATIONS:

THE FOLLOWING EXAMPLES ILLUSTRATE HOW TO SPECIFY WITH PROPER ABBREVIATIONS YOUR STOCK.

JOHN AND MARY SMITH ARE HUSBAND AND WIFE WITH A DAUGHTER BETTY SMITH LIVING IN THE STATE OF ILLINOIS.

**TEN COM - AS TENANTS IN COMMON**

example John Smith and Mary Smith TEN COM

**TEN ENT - AS TENANTS BY THE ENTIRETIES**

example John Smith and Mary Smith TEN ENT

**JT TEN - AS JOINT TENANTS WITH RIGHT OF SURVIVOR SHIP AND NOT AS TENANTS IN COMMON**

example John Smith and Mary Smith JT TEN

**CUST - CUSTODIAN**

**UNIF GIFT MIN ACT - UNIFORM GIFTS TO MINORS ACT**

example John Smith Cust Betty Smith UNIF GIFT MIN ACT IL (State Which Statutes Will Govern The Custodianship)

**UNIF TRAN MIN ACT - UNIFORM TRANSFERS TO MINORS ACT**

example John Smith Cust Betty Smith UNIF TRAN MIN ACT IL (State Which Statutes Will Govern The Custodianship)

**IRA - INDIVIDUAL RETIREMENT ACCOUNT**

example ABC Brokerage CUST John Smith Individual Retirement Account

**TOD\* - TRANSFER ON DEATH**

example John Smith TOD Betty Smith Subject to STA TOD Rules

**TR - TRUST AGREEMENT**

example John Smith TR UA Jan 1 95  
John Smith & Mary Smith Trust

ABBREVIATIONS MAY BE USED EVEN THOUGH NOT INCLUDED IN THE ABOVE LIST.

\* AT THIS TIME "TRANSFER ON DEATH" (TOD) IS NOT AVAILABLE IN ALL STATES. PLEASE CHECK WITH YOUR ESTATE PLANNER AS TO TOD AVAILABILITY.

**(PLEASE DO NOT DETACH IF COMPLETED)**

**SECTION INSTRUCTIONS:**

- A.** Carefully check this number against any documents you have such as a social security card or correspondence from the IRS. Check the computer generated name to be sure it is exactly as recorded by the Federal Government. **If there is more than one name shown, please circle the name to whom this number belongs.** If abbreviations are used, make sure that they match tax identification forms exactly.
- B.** You will be subject to backup withholding unless you certify that the following statement is correct. "I am not subject to backup withholding because: Either 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 of dividends or the IRS has notified me that I am no longer subject to backup withholding."
- C.** Certain entitles are exempt payees (churches, charities, etc.) except for IRA accounts, individuals are never exempt. If this is an account that is exempt, make sure that you check Box 2.
- D.** **After you have completed sections A, B, and C on the reverse side of this form, sign and date the certification.** Only the person whose TIN is being reported, or their legal representative may sign the form. For a joint account, only the person whose name and TIN is shown should sign the form. For organizations and other entitles, only a legal representative should sign the form.

Certification: Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_