

4747 North 7<sup>th</sup> Street, Suite 170, Phoenix, AZ 85014 Phone: 602-485-1346 Fax: 602-788-0423 Email: Salli@firstamericanstock.com Website: <u>www.FirstAmericanStock.com</u>

# TRANSFER INSTRUCTIONS FORM

**\*\***Please be as specific and thorough as possible when completing this form. Laws have changed and all of this information will be required to be provided as of January 1, 2011. If the information is not provided, after January, 2011, the transfer request will be rejected.\*\*

Name of Public Company Issue \_\_\_\_\_

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

Number assigned to last Corporate Action \_\_\_\_\_

### **Certificated Transfer Instructions**

If shares are held in certificate form, and are to continue in certificated form, please list all certificates being presented by each holder. If the registration will change in any way, you must provide a signed and medallion guaranteed stock power for each certificate. You **must** also include all acquisition dates and tax lots that comprise the positions (total shares) noted on each certificate presented.

0	t Owner(s)	s in this Certificate:	
Full Physical Address of Cu	urrent Owner(s)		
SSN of Each Current Holde	er		
This certificate is made up	of the following tax lots:	(For additional tax lots include another page)	
# of shares	were acquired on (date)	at a cost of \$	
# of shares	were acquired on (date)	at a cost of \$	
# of shares	were acquired on (date)	at a cost of \$	
# of shares	were acquired on (date)	at a cost of \$	
Certificate #	Total Shares in this Certificate:		
Full Registration of Current	t Owner(s)		
Full Physical Address of Cu	urrent Owner(s)		
SSN of Each Current Holde			
	0	(For additional tax lots include another page)	
		at a cost of \$	
	-	at a cost of \$	
		at a cost of \$	
# of shares	were acquired on (date)	at a cost of \$	



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### **Requested Registration for the New Certificates**

If new shares are requested in certificate form, please provide full name, address and SSN or TID of holder. If shares are to be issued to a trust, we need the name of the trust, name of trustee and date the trust was formed. For shares issued or transferred under the Gifts to Minors or Transfers to Minors Acts please include the custodian's physical address, child's state of residence and child's SSN. For any other fiduciary account, please contact TA for proper registration format, if unsure. If transferor does not specify which lots are to be transferred to whom, the FIFO method or equal divisions may be used by the transfer agent. In the case of inheritance transfers, shares will be equally divided among recipients unless otherwise instructed by estate representative. If no cost basis is provided, transfer is assumed to be a gift and fair market value will be reported in accompanying statements. Transfer agent is required, by law, to maintain, manage, and pass through cost basis information to all "applicable persons", under Cost Basis Reporting, signed into law through the Emergency Economic Stabilization Act of 2008.

Total Shares for this Certif	icate: Are these	shares a gift? Yes No (circle one)	
	g the shares from an estate? Yes N is a wash sale? Yes No (circle	No (circle one)	
Full Physical Address of C			_
	e following tax lots: (For additional tax		-
		at a cost basis of \$	
		at a cost basis of \$ at a cost basis of \$	
		at a cost basis of \$	
Are the recipients inheriting	icate: Are these g the shares from an estate? Yes N	shares a gift? Yes No (circle one) No (circle one)	
Full Registration Name of		one)	_
Full Registration Name of Full Physical Address of C	Recipient Owner(s)	-	_
Full Registration Name of Full Physical Address of C SSN of Each Recipient in This certificate includes th	Recipient Owner(s) furrent Owner(s) this Registration e following tax lots: (For additional tax	lots include another page)	
Full Registration Name of Full Physical Address of C SSN of Each Recipient in This certificate includes th (a) # of shares	Recipient Owner(s)	lots include another page) at a cost basis of \$	
Full Registration Name of Full Physical Address of C SSN of Each Recipient in This certificate includes th (a) # of shares	Recipient Owner(s)	lots include another page) at a cost basis of \$ at a cost basis of \$	
Full Registration Name of Full Physical Address of C SSN of Each Recipient in This certificate includes th (a) # of shares	Recipient Owner(s)	lots include another page) at a cost basis of \$	



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## **DWAC Registration Transfers**

If a holder(s) shares are to be transferred from either a certificate or book entry on the books of the issuer to the shareholder's account at a brokerage firm please provide the full name of the holder, the holder's physical address, the holder's SSN, the name and participant number of the brokerage firm, and the holder's account number at the brokerage. In addition, because we must pass cost basis information to the broker, please provide the information on applicable tax lots and the cost basis of each.

# For Shares Currently Registered in Certificated or Book Entry Form Prior to DWAC into <u>Same</u> <u>Registration</u> at Brokerage Firm

	Participant Number:				
Certificate #	Total Shares in this Certificate:				
Full Registration of Current Owner(s)					
Full Physical Address of Curren	nt Owner(s)				
-					
SSN of Each Holder		Brokerage Account #			
This certificate is made up of th	e following tax lots:	(For additional lots include another page)			
# of shares we	re acquired on (date)	at a cost basis of \$	_		
# of shares we	re acquired on (date)	at a cost basis of \$	_		
# of shares we	re acquired on (date)	at a cost basis of \$	_		
# of shares we	re acquired on (date)	at a cost basis of \$	-		

# For Shares Currently Registered in Certificated or Book Entry Form Prior to DWAC but to Be Transferred to a Different Registration at a Brokerage Firm

(Please note, a signed and medallion guaranteed stock power is necessary for this type of transfer).

Name of Brokerage Firr	n:	Participant Number:
		se shares a gift? Yes No (circle one)
Are the recipients inheri	ting the shares from an estate? Yes	s No (circle one)
Does this transfer qualif	y as a wash sale? Yes No (cir	rcle one)
Full Registration Name	of Recipient Owner(s)	
Full Physical Address of	f Current Owner(s)	
SSN of Each Recipient	Broke	erage Account #
This certificate includes	the following tax lots: (for additional	lots include another page)
(a) # of shares	were acquired on (date)	at a cost basis of \$
(b) # of shares	were acquired on (date)	at a cost basis of \$
(c) # of shares	were acquired on (date)	at a cost basis of \$
(d) # of shares	were acquired on (date)	at a cost basis of \$
(c) # of shares	were acquired on (date)	at a cost basis of \$