

Direct Deposit of Cash Dividends Authorization & Enrollment Form

"I hereby authorize Olde Monmouth Stock Transfer to have dividend payments for this shareholder account directly deposited to the bank account number I have indicated on this form. I also understand that this arrangement will remain in effect until I notify Olde Monmouth Stock Transfer, in writing that I want to terminate."

*All persons whose name appears on the shareholder account should sign below exactly as their names are shown on the stock certificate. Please complete one form for each shareholder account.

| Date of Agreement: | | | |
|--|-----------------------|-----------------------------|--------------|
| Print Name(s): | | | |
| | | | |
| Signature(s): | | | |
| | | | |
| Your Telephone Number: (Home) | : | (Business): | |
| Tax ID Number: | | | |
| Name of your Financial Institution | : | | |
| City/State/Zip Code of your Finan | cial Institution: | | |
| *The following information is of have attached to this form: | n the bottom of the a | ccount deposit slip or void | ed check you |
| Bank ABA/Transit Routing Number | er (9 Digits): | | |
| Bank Account Number: | | | |
| Please select type of account: | Checking | Statement Savings | Money Market |

*Important: To help insure that your dividends are accurately deposited, you must include a deposit slip for the savings account or a voided check for the checking account that is to be credited with the dividend payments. Please staple the deposit slip or voided check to this form. Mail this form and deposit slip or voided check directly to:

Olde Monmouth Stock Transfer Co. Inc. 200 Memorial Parkway Atlantic Highlands New Jersey 07716 1(732)872-2727