

DTC OUT FORM

TRANSFER FROM OUR ACCT #	<input style="width: 95%;" type="text"/>
ACCOUNT NAME	<input style="width: 95%;" type="text"/>

SYMBOL	# SHARES

THE SHARES ABOVE MUST BE DELIVERED TO THE FOLLOWING ACCOUNT:

RECEIVING FIRM DTC #: _____

RECEIVING ACCOUNT #: _____

RECEIVING ACCOUNT NAME: _____

TRADE DATE: MM/DD/YYYY

SETTLEMENT DATE: MM/DD/YYYY

<div style="border: 1px solid black; width: 100%; height: 60px; display: flex; align-items: center; justify-content: center;"> ✕ </div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Client Signature	Print Name	Date

INTERNAL APPROVAL

<div style="border: 1px solid black; width: 100%; height: 60px; display: flex; align-items: center; justify-content: center;"> ✕ </div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Signature	Print Name	Date