



Computershare  
PO Box 43006  
Providence, RI 02940-3006  
Within USA, US territories & Canada 800 649 3593  
Outside USA, US territories & Canada 201 680 6578  
Hearing Impaired (TDD) 201 680 6611  
www.computershare.com/metlife

The IRS requires that we report the cost basis of certain shares acquired after January 1, 2011 and then sold. Shares transferred out of an account will be done using our default cost basis calculation of first in, first out (FIFO) unless otherwise instructed. Please visit our website, review the enclosed FAQ, or consult your tax advisor if you need additional information about cost basis.

**PLEASE REFER TO THE ENCLOSED INSTRUCTIONS TO GUIDE YOU IN COMPLETING THE POLICYHOLDER TRUST TRANSFER REQUEST FORM.**

Dear Sir/Madam,

As requested, enclosed are the form and instructions needed to transfer your ownership interest ("Trust Interests") in shares of MetLife, Inc. Common Stock ("Trust Shares") held in the MetLife Policyholder Trust ("Policyholder Trust"). We have enclosed:

- A **Policyholder Trust** Transfer Request form;
- Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals); and
- Instructions to guide you in completing the form

**What you need to do:**

- Complete Sections 1 - 5 of the Policyholder Trust Transfer Request form.
  - Indicate the reason for the transfer in section 3 and attach applicable supporting documents. See "Permitted Transfer Within The MetLife Policyholder Trusts" on page 2.
- The authorized person(s) **MUST** sign section 5.
- Note that in order to safeguard against fraud, we require a Medallion Signature Guarantee Stamp to process this transfer request.
- Complete and sign the enclosed Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) of the new account owner.
- Return the completed forms together with any requested documents to Computershare:

**By Regular Mail**  
Computershare  
PO Box 43006  
Providence, RI 02940-3006

**By Overnight/Certified/Registered Delivery**  
Computershare  
150 Royall Street, Suite 101  
Canton, MA 02021

If you have questions, our customer service professionals are available to help you Monday - Friday between 8 a.m. - 6 p.m. Eastern Time at **800-649-3593**.

Sincerely,  
Computershare

**PLEASE REFER TO THE ENCLOSED INSTRUCTIONS  
TO GUIDE YOU IN COMPLETING THE TRANSFER REQUEST FORM.**

## Permitted Transfers Within The MetLife Policyholder Trust ("Trust")

As a beneficiary of the Policyholder Trust ("Trust Beneficiary"), you are permitted to transfer the ownership of your Trust Interests only as follows and upon providing the required supporting documentation:

After a transfer of the ownership of the Trust Interests, the shares of MetLife Inc. common stock represented by such Trust Interests will remain in the MetLife Policyholder Trust ("Trust") for the life of the Trust until they have been withdrawn or sold. Other than transfers upon death through the will of a Trust beneficiary or by operation of law, no partial transfer will be permitted if the transfer would result in a transferee owning a number of Trust Interests that is not a whole number.

Reason for Transfer	Supporting Documents Required as Applicable
Transfer to spouse or descendant(s).	Copy of marriage certificate; copy of birth certificate(s) showing all of a person's lineal descendants / Successive generations of parent and child relationships, or if applicable, copy of adoption certificates.
To a charity qualifying for tax-exempt status under the Internal Revenue Code.	Copy of such organization's Form 990 series from its most recent annual filing or, if applicable, other evidence that the transfer meets the requirements under Sections 170, 2055 or 2522 of the Internal Revenue Code.
To a trust established to hold Trust Interests on behalf of an employee benefit plan.	Certified* copy of applicable employee benefit plan identified in applicable trust documentation and certified* copy of applicable trust documentation evidencing that trust has been so established on behalf of such employee benefit plan.
To a trust established for your exclusive benefit, the exclusive benefit of your spouse or descendants or a qualifying tax-exempt organization.	Certified* copy of applicable trust documentation evidencing that trust has been established for the exclusive benefit of one or more of "Trust Beneficiary or Beneficiaries" (holder(s)/owner(s)) or spouse or issue(s) or qualifying tax-exempt organization, as well as additional documentation, as applicable, for spouse (e.g., marriage certificate) or descendants (e.g., birth certificate or adoption certificate, as applicable) or for qualifying charity.
To another entity if you are a legal entity that has merged or consolidated into, or sold substantially all of your assets to, that entity.	Copy of articles or certificate of merger from applicable state jurisdiction; copy of articles or certificate of dissolution and plan of dissolution from applicable state jurisdiction; copy of applicable asset disposition or asset purchase agreement or, in the alternative, an officer's certificate from an appropriate officer attesting to the applicable transaction when publicly-filed information is either unavailable or insufficient. In each such case as set forth above, Computershare will accept a comparable document to account for different naming conventions amongst the various jurisdictions.
From a trust holding an insurance policy or annuity contract in accordance with the terms of that trust.	Copy of applicable insurance policy or annuity contract covering the insured "Person(s)" identified in applicable trust documentation and a certified copy of applicable trust documentation evidencing a trust holding such an insurance policy or annuity contract and those "Person(s)" entitled to applicable "Interests" under such trust.

### For existing Transfer on Death (TOD) account types the above requirements do not apply.

\*To certify a document such as a trust or a will, include:

- A Medallion Signature Guarantee STAMP on the copy of the Trust Excerpt. The trustee of a trust established under the Will may obtain certification of the Excerpt from the court in which the will was filed (must be dated within 60 days of the transaction).
- A letter signed by an attorney on the law firm's letterhead within 60 days of the transaction stating that: "As practicing attorney in the state of (state), I certify that the attached (name of Trust) Trust is a true and accurate copy of the original and in full force and effect."

## Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with 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, 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. For information about Computershare's Privacy Policy Statement, please go to [www.computershare.com/us/privacy](http://www.computershare.com/us/privacy).

For information about MetLife's Privacy Policy, please go to [www.metlife.com/about-us/privacy-policy](http://www.metlife.com/about-us/privacy-policy), or if you are a California resident, go to [www.metlife.com/about-us/privacy-policy/california-residents](http://www.metlife.com/about-us/privacy-policy/california-residents). If you are a California resident and would like to make a request under the California Consumer Privacy Act, please visit [www.metlife.com/privacy-request](http://www.metlife.com/privacy-request) or call 1-888-282-5758 to have an associate speak with you directly.



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\_\_\_\_\_  
 Name of Current Account Holder

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

**Current MetLife Holder Account Number**

\_\_\_\_\_

**Policyholder Trust Transfer Request — Before completing this form, please read the instructions**

**1 Transfer Trust Interests in this account (Please mark ONLY one box)**

Transfer ALL Trust Interests      **OR**       Partial Transfers

Number of Trust Interests:

Copy this page and complete separately for each new account owner. Mark the Partial Transfers box if dividing Trust Interests among multiple new account owners. Indicate the number of Trust Interests for the new account owner in the boxes above.

**2 Who is receiving these shares? Account Type (mark only one box with an "X"):**     Individual     Trust     Joint

Estate     Custodial with Minor     Other (please specify) \_\_\_\_\_

For guidance on completing section 2, please refer to the definitions and titling of accounts on the enclosed instructions. Definitions include Joint Tenant and Trusts.

(a) Name of the New Account Owner(s)	_____
<b>Complete Rows (b), (c) And (d) Only If The New Account Owner Is A Trust (Enter the information from the applicable trust agreement)</b>	
(b) Name of the Trust	_____
(c) Name of the Trustee	_____
(d) Date of the Trust	<input type="text"/> (mm/dd/yyyy)
(e) Address of the New Account Owner	_____
(f) City, State, Zip Code of the New Account Owner	_____
(g) Existing Computershare's Account Number of the New Account Owner (if applicable)	_____

**IMPORTANT ► You must complete both sides of this form in order for the transfer to be valid.**

E 4 5 6 U T R

**Policyholder Trust Transfer Request — Before completing this form, please read the instructions**

**3** Permitted Transfers: Trust Beneficiaries transfer of ownership of trust interests are permitted as follows. Please mark the applicable box and include the supporting legal documentation on page 2 under Permitted Transfer Within MetLife Policyholder Trust. **PLEASE MARK ONLY ONE BOX.**

- To your spouse or descendant.
- To a charity qualifying for tax-exempt status under the Internal Revenue Code.
- To a trust established to hold Trust Interests on behalf of an employee benefit plan.
- To trust established for your exclusive benefit, or the exclusive benefit of your spouse, descendants or a qualifying charity.
- To another entity, if you are a legal entity that has merged or consolidated into or sold substantially all of your assets to that entity.
- From a trust holding an insurance policy or annuity contract in accordance with the terms of that trust.

**4** Cost Basis Data/Tax Treatment

Please mark off how this transfer is to be treated for cost basis and tax reporting purposes. If this section is not fully completed, all transfers will be treated as Gifts as required by the IRS rules. We recommend that you consult with your tax advisor regarding the tax implications for each type of transfer.

Please mark **ONLY ONE** box. If you mark more than one box your transfer will be treated as if you had not made any selection. Please see section 4 of the enclosed instructions for further details.

- Private Sale      Date of Sale: \_\_\_\_\_      Cost Per Share: \_\_\_\_\_ US Dollars
- Gift      Date of Gift: \_\_\_\_\_
- No Change of Ownership (please specify) \_\_\_\_\_

**5** Authorized Signatures — This section must be signed and stamped for your transfer to be executed.

The undersigned does hereby irrevocably constitute and appoint Computershare as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises. The below must be signed by the authorized representative with indication of his or her capacity next to the signature.

**NOTE:** Signature(s) below must be stamped with a Medallion Signature Guarantee Stamp by a qualified financial institution, such as a commercial bank, savings bank, savings and loan, US stockbroker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program. The form should only be signed at the financial institution providing the Medallion Signature Guarantee. **(A NOTARY SEAL IS NOT ACCEPTABLE)**

If transferring to more than one new owner, only one (1) Medallion Signature Guarantee Stamp and signature is required as long as ALL forms are mailed in ONE envelope.

The Securities Transfer Agents Medallion Program (STAMP) has launched [www.MSGlookup.com](http://www.MSGlookup.com), a website that contains a searchable database of entities enrolled in STAMP.

**Required ► Medallion Signature Guarantee Stamp**  
(Notary Seal Is Not Acceptable)  
Affix the Medallion Signature Guarantee Stamp below.

**Sign Below To Execute The Transfer**

Signature

Please indicate if you are the Power of Attorney, Guardian, Personal Representative or other legal representative of the Trust Beneficiary

Date (mm / dd / yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

		/			/				
--	--	---	--	--	---	--	--	--	--

Enter Telephone number

		-			-				
--	--	---	--	--	---	--	--	--	--

**PLEASE BE AWARE THAT THE SIGNATURE(S) ABOVE AUTHORIZES YOUR REQUEST TO TRANSFER THE ACCOUNT LISTED ON THIS FORM. YOU MUST SIGN THIS FORM AND INDICATE YOUR SIGNING CAPACITY FOR THIS FORM TO BE ACCEPTABLE.**



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\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

**Name of Beneficial Owner and Mailing Address shown above**

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.

        

OMB No. 1545-1621

**Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)** (Rev. October 2021) Dept. of U.S. Treasury

**Part I. Identification of Beneficial Owner (see instructions on reverse)**

*The mailing address we have on file is shown above. If your permanent residence address is different than your mailing address, please provide it below.*

Permanent Residence Address (street, apt. or suite no., or rural route)		City or Town/State or Province/Postal Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>
U.S. Taxpayer Identification Number (SSN or ITIN), if required (see instructions)		Country of citizenship	
<input type="text"/>		<input type="text"/>	
Foreign Taxpayer Identification Number (TIN) (see instructions)			
<input type="text"/>			
Date of birth (mm/dd/yyyy) (see instructions)	Reason foreign taxpayer identification number (TIN) not provided (see instructions)		
<input type="text"/>	<input type="checkbox"/> FTIN not legally required	<input type="checkbox"/> Other (Provide Reason)	_____

**Part II. Claim of Tax Treaty Benefits (for Chapter 3 purposes only) (see instructions)**

**1. Individuals claiming a reduced treaty rate** must enter country of residence.  
**2. Beneficial owners claiming a special withholding rate** — if applicable, must complete an IRS Form W-8BEN. See "Special Rates and Conditions" on the back of this form for more information.

**9** I certify that the beneficial owner is a resident of the country at right, within the meaning of the income tax treaty between the United States and that country.

Country

**Part III. Certification -- Sign Here**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The beneficial owner on this form is not a U.S. person;
- This form relates to:
  - (a) income not effectively connected with the conduct of a trade or business in the United States;
  - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
  - (c) the partner's share of a partnership's effectively connected taxable income; or
  - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Date (mm/dd/yyyy)	Signature of beneficial owner or authorized signatory of beneficial owner	Print name of signer
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Capacity in which acting (if form not signed by beneficial owner)
		<input type="text"/>

Send form to Computershare. Do not send to the IRS (see reverse for mailing instructions).

E 3 9 U W 8

M E T L

# Form W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Section references are to the Internal Revenue Code)

**Do NOT use this form if:**

- You are NOT an individual..... W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual ..... W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services)..... W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States ..... 8233 or W-4
- You are a person acting as an intermediary ..... W-8IMY

**Instead, use Form:**

**Note:** If you are a resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Purpose of this form:**

The United States Internal Revenue Service requires that all non-resident alien investors certify their foreign status by completing Form W-8BEN. A Form W-8BEN is also required to claim, if applicable, a reduced rate of withholding as a resident of a foreign country with which the United States has an income tax treaty. Failure to provide a completed Form W-8BEN may result in the imposition of a U.S. backup withholding tax on all payments to your account.

**Foreign Taxpayer Identification Number (TIN)**

If you are providing this Form W-8BEN to document yourself with respect to a financial account that you hold at a U.S. office of a financial institution, provide the Taxpayer Identification Number (TIN) issued to you by your jurisdiction of tax residence unless: You have not been issued a TIN, or the jurisdiction does not issue TINs. If you have not provided your jurisdiction of residence TIN, provide your reason in the box below.

**Date of Birth**

If you are providing this Form W-8BEN to document yourself with respect to a financial account that you hold with a U.S. office of a financial institution, provide your date of birth. Use the following format to input your information: MM-DD-YYYY.

**Claim of Treaty Benefits**

Enter your country of residence if you qualify as a resident under the terms of the treaty.

**Date**

Please date the form in the format (mm/dd/yyyy).

**Signature**

If the form is not returned with a signature, the form will be treated as invalid and reportable payments will be subject to backup withholding.

**Permanent Residence Address**

Your permanent residence address is the address in the country where you claim to be a resident for purposes of that country's income tax. If you are completing Form W-8BEN to claim a reduced rate of withholding under an income tax treaty, you must determine your residency in the manner required by the treaty. Do not show the address of a financial institution, a post office box, or an address used solely for mailing purposes. If you do not have a tax residence in any country, your permanent residence is where you normally reside.

**Country of Citizenship**

Enter your country of citizenship. If you are a dual citizen, enter the country where you are both a citizen and a resident at the time you complete this form. If you are not a resident in any country in which you have citizenship, enter the country where you were most recently a resident.

**Reason Foreign Taxpayer Identification Number (TIN) Not Provided**

If foreign Taxpayer Identification Number (TIN) is not provided, you must enter a reason.

**U.S. Taxpayer Identification Number (TIN)**

If applicable, enter your U.S. Social Security Number or your U.S. Individual Taxpayer Identification Number. Do not enter your Canadian Social Insurance Number or your Australian Tax File Number.

**Capacity in which acting**

If this form is completed by an agent acting under a duly authorized Power of Attorney, the form must be accompanied by the Power of Attorney in proper form or a copy thereof.

The image shows a sample Form W-8BEN for 'The Sample Company'. The form is enclosed in a dashed box. At the top left, it says 'SAMPLE The Sample Company'. Below that, it lists 'MR A SAMPLE DESIGNATION (IF ANY)' and 'ADD 1' through 'ADD 6'. To the right, it says 'Holder Account Number C1234567890 JNT'. The form is divided into several parts: Part I. Identification of Beneficial Owner, Part II. Claim of Tax Treaty Benefits, and Part III. Certification - Sign Here. Arrows point from various text blocks to specific fields on the form, such as the TIN field, date of birth field, country of residence field, and signature field.

**Special Rates and Conditions**

If applicable, a beneficial owner must complete a government issue (IRS) Form W-8BEN and submit such original signed form to us at the address shown below. When completing the IRS Form W-8BEN, be sure to include the information required by Part II, Line 10 on such form. This form can be found on the IRS website www.irs.gov. An example of a beneficial owner who might qualify for a special rate under the treaty is claiming a special rate applicable to dividends based on ownership of a specific percentage of stock.

**Joint Ownership**

**Each beneficial owner of a joint account must complete and return a separate Form W-8BEN. Each form must be individually signed in order to be valid.**

Please do not submit any other maintenance or financial requests within the envelope provided.

Return your completed form in the enclosed envelope or mail to Computershare Tax Operations, PO Box 43006, Providence, RI 02940-3006, USA

**DID YOU KNOW?**

You can certify your account online by visiting us at the website on the reverse side of this form. While online, join the thousands of shareholders that have signed up for electronic delivery!

## How to Complete the Transfer Request Form

**1 Trust Interests to be Transferred.** Mark the Transfer ALL Trust Interests box if you wish to transfer all Trust Interests held in the account. Mark the Partial Transfers box if you wish to transfer only a portion of the Trust Interests and enter the number of Trust Interests.

Note: If you are transferring to multiple new account owners, feel free to photocopy the "Policyholder Trust Transfer Request" page of the form prior to completion. This page must be completed for each new account owner. Please be sure to clearly note the top of each page with the number of Trust Interests (not a percentage) to be transferred to each recipient.

### **New Account Owner**

**2 Account Type.** Mark only one box with an "X" indicating the type of account into which you are transferring Trust Interests. Complete additional sections as indicated.

#### **Definitions of Account Types:**

- An **individual** registration, e.g. John T. Smith, is used if there is only one account holder. There is only one individual listed on the account.
- A **trust** registration, e.g. John T. Smith and Jane T. Doe TR UA 4-3-66 Smith Family Trust, is used to allow the appointed trustees to handle the securities. All acting trustees are listed on the account, which also names the legal name and date of the trust agreement. To register Trust Interests under a trust, a legal trust agreement must exist.
- A **joint tenant** registration with right of survivorship, e.g. John T. Smith and Jane T. Doe JT TEN, is used if there are two or more equal holders listed on the account. Please note, the registration must read "and." The word "or" cannot appear in the registration. In the event of the death of one of the listed holders, the securities in the account become the property of the surviving joint holder.
- An **estate** registration, e.g. John Smith Executor for the Jane Doe Estate, is used to allow a court-appointed legal representative to act on the account. The account is registered in the decedent's estate.
- A **custodial with minor** registration under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfer to Minors Act (UTMA) of the state of the donor, the state of the custodian or the state of the minor, e.g. John Doe Custodian for Jonathan Doe UTMA NY, is used if the securities are held by a custodian on behalf of a minor. The named custodian is given the legal authority to act on the account on behalf of the minor, until the minor reaches the age of majority under the applicable state's law. The Social Security number associated with the account is that of the minor.
- **Other** common registrations include community property, Limited Liability Company (LLC), nominee, partnership, tenants by entireties and unincorporated association.

2(a)

- Enter the new holder's name (first, middle initial, last) if the account type is individual, custodial or other.
- Enter the name (first, middle initial, last) of the second new holder on the account if the account type is joint, minor, co-trustee or other (if applicable).

### **Complete Rows (b), (c) And (d) Only If The New Account Owner Is A Trust (Enter the information from the applicable trust agreement)**

2(b) Enter the name of the Trust.

2(c) Enter the name of the Trustee only.

2(d) Enter the date of the Trust.

2(e) Enter the street address or PO Box for the new account owner. If applicable, enter apartment or unit number.

2(f) Enter the new account owner's city, 2-letter state abbreviation and 5-digit postal zip code.

2(g) If the new account owner already owns stock in the company under the exact account name being requested, transfer the Trust Interests to the existing account by entering the new holder's 11-digit Computershare account number, which starts with a "C".

**IMPORTANT** ► You must complete both sides of the Transfer Request Form in order for the transfer to be valid.

## How to Complete the Transfer Request Form

**3 Permitted Transfers.** Mark the appropriate box based on the reason for the transfer. Supporting documents are required to complete the transfer. **MARK ONLY ONE BOX.** See page 2 for further information.

**4 Cost Basis Data / Tax Treatment.** Enter Cost Basis Data / Tax Treatment instructions for shares acquired after 12/31/2010. Please mark off the applicable purpose of the transfer. If this section is not fully completed, all transfers will be treated as Gifts, unless we receive documentation that this is a decedent transfer (i.e. Affidavit of Domicile) in which case the transfer will be treated as an inheritance. We recommend that you consult with your tax advisor regarding the tax implications for each type of transfer.

- Private Sale: Include the Date of Sale and the Cost Per Share.
- Gift: Include the Date of Gift was received, or the gift date will default to the date that the transfer is processed.
- Inheritance: Include the Date of Death and Cost per Share or it will default to the date that the transfer is processed.
- No Change of Ownership: Change of name in cases of marriage or divorce, minor coming of age, addition of spouse to registration, etc. Existing cost basis of shares will be carried over to the new account.

**5 Authorized Signatures – This section must be completed for your transfer to be executed.**

After reviewing the form to ensure that all information provided is correct, please sign and date the form in the appropriate boxes. Please note, if you are signing on behalf of the current registered account owner you must indicate your capacity (e.g. John Smith, Executor).

Enter a daytime telephone number where you can be reached should we have any questions regarding this transfer request.