

Certain account updates now available via TEXT MESSAGE. Enroll at www.cshare.us/smsop



Computershare

PO Box 43078 Providence, RI 02940-3078

Within USA, US territories & Canada 800-356-6423 Outside USA, US territories & Canada 608-252-4744

		W	vww.computershare.com/investor
Name			
Address			
City, State, Zip		Holder Acco	ount Number
Use a <u>black</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.	1 2 3 X		
Authorization for Electronic Fu	unds Transfer — Credit		
Bank Routing Number – this is a <u>nine-digit</u> number.	Bank Account Number – accour	t numbers vary in length and must	not include check numbers.
OO NOT USE YOUR CREDIT CARD NUMBER. If you a Please DO NOT provide a check number in the fields			
Checking	Savings		
Account	Account		
Name(s) that appear on the account at your financial ins	titution		
vanne(s) that appear on the account at your inhancial his	indion		
Name of Financial Institution			
We hereby authorize Computershare as disbursing age	ent for the payer, to initiate credit entries to my/c	bur account; or if necessary debits/a	adjustments for credit entries in error. This authority
s to remain in effect until my/our written authorization to erminated by the payer or Computershare. I consent to	o terminate electronic funds transfer is received	I in time to afford Computershare r	reasonable opportunity to act or until this service is
or account validation. All registered holders as well as	all financial account owners must sign below	. Name(s) on the registered accou	ant must match name(s) on the financial account.
Signature 1 - Please keep signature within the box.	Signature 2 - Please keep signature within	the box. Date (mm/dd/yy	/yy)
]		
Daytime Telephone Number			
	Please return o	completed form to:	Computershare PO Box 43078 Providence, RI 02940-3078

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How to complete this form

Print the bank routing number from your check or savings deposit slip. If you are using a savings account, contact your financial institution for the routing number. This number typically begins with a 0, 1, 2 or 3.

Print the complete bank account number.

Indicate the type of account: checking or savings.

Print the name(s) in which the account is held as it appears on your check. Note: name(s) on the registered account must match name(s) on the financial account.

Print the complete name of your financial institution.

Sign, date and print your complete phone number. For corporate accounts, please contact us for additional documents required.

Return in the envelope provided.

Important notice to dividend reinvestment/direct stock purchase plan participants: If you are currently reinvesting dividends through a plan and instead wish to have dividends paid in cash by Electronic Funds Transfer, you will also need to change your reinvestment election online or by telephone. Please note that dividend reinvestment/direct stock purchase plan offerings vary by company and may not be applicable to all companies.

The Benefits

- The service is free.
- There are no lost, delayed or stolen checks.
- No delays waiting for the check to clear.
- Contact your financial institution to verify deposit of funds.
- Your monthly bank statement will reflect the electronic credit.

