



## Cash Distribution Form

Dear Client:

Please complete this cash distribution form and fax it to 201-820-2008 along with the copy of your press release. Thank you.

**Company Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Name & Title of Officer:** \_\_\_\_\_  
(person authorized to sign this form)

**Class of Stock:** \_\_\_\_\_  
(common, preferred, ect.)

**Declaration Date:** \_\_\_\_\_

**Record Date:** \_\_\_\_\_

**Payable Date:** \_\_\_\_\_

**Rate:** \_\_\_\_\_

**Mail Date:** \_\_\_\_\_

**Type of Distribution:** \_\_\_\_\_  
(annual, semi-annual, monthly, quarterly, or special)

**Special Instructions:** \_\_\_\_\_  
(please specify if applicable or write n/a)

\_\_\_\_\_  
**\*Type of enclosure with check:** \_\_\_\_\_  
(please specify if applicable or write n/a)

**\*\*If there is an enclosure, please specify who the printer is:** \_\_\_\_\_

**\*\*\*Please indicate if street holders are to receive the enclosure in addition to the registered holder:**

\_\_\_\_\_