



STOCK DIVIDEND DISTRIBUTION FORM

Dear Client:

Please complete this form and fax it to 201-820-2010 along with the copy of your press release.

Company Name & CUSIP No.: _____

Name & Title of Officer: _____
(print name & title of person authorized to sign this form)

Class of Stock: _____ **Today's Date:** _____
(common, preferred, ect.)

Declaration Date: _____ **Record Date:** _____

Payable Date: _____ **Rate:** _____

Mail Date: _____

From where will the shares be debited? _____
(shares from authorized/unissued require an opinion of counsel. Treasury or Reserve shares require a letter signed by an officer of the company)

Specify: Cash in Lieu Rate or Share to be Rounded Up or Down or N/A: _____

Will the cash in lieu rate be adjusted post split? _____

Will any shares be credited to a reserve account or treasury account? _____
(if yes, then please list the reserves. otherwise please write n/a)

Are legends on current certificates to be carried? _____
(specify in opinion of counsel)

Special Instructions: _____
(please specify if applicable or write n/a)

***Type of enclosure with certificate:** _____
(please specify if applicable or write n/a)

****If there is an enclosure, specify the printer and contact information:** _____

*****Are street holders also to receive the enclosure?:** _____ YES _____ NO _____ TBD

Company Authorized Signature: _____