



**REQUEST TO TRANSFER STOCK for Broker or Other Financial Intermediary  
Custodial Accounts (IRA/SEP/KEOGH)**

**A. Current Custodian Information** (Please print exactly as it appears on the account.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Custodian Tax Identification Number

\_\_\_\_\_  
R&T Account Number(s)

**B. Signature(s)** – Must be signed by current custodian. (Please provide Corporate Resolution.) **Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**Medallion Guarantee:** Current custodian must have their signature Medallion Guaranteed by an eligible institution such as a commercial bank, trust company, credit union or brokerage firm that participates in an approved Medallion Program. Please note that a notarization is not acceptable.

**C. Shares To Be Transferred** - Please indicate the number of shares you wish to transfer or write "ALL" if you wish to transfer your entire position. Indicate the type of shares that you wish to transfer. If you hold stock certificates, please submit them with this transfer request. If you have lost or misplaced your certificates, an *Affidavit of Loss* must be completed. This form may be obtained from Investor Relations at (800) 960-6552 or via the Internet at [www.rtc.com](http://www.rtc.com).

\_\_\_\_\_ Shares to be transferred      Type of Shares:    **Book**    **Certificate**    **DRP (Plan)**  
*(Check all that apply)*

**D. New Custodian Information** (Please provide all requested information. Attach additional sheets for multiple accounts if necessary. Please print clearly.)

\_\_\_\_\_  
Account Registration

\_\_\_\_\_  
Custodian Tax ID      Client Account Number at Custodian \_\_\_\_\_

\_\_\_\_\_  
Custodian Address

\_\_\_\_\_  
\_\_\_\_\_

**Distribution Option:**

Mail check to Custodian

Distribution Reinvestment Program (DRP) - I hereby acknowledge receipt of the Prospectus which details the Distribution Reinvestment Program and direct that future cash distributions be used to purchase additional shares in the Company through the Distribution Reinvestment Program, as follows:

Please reinvest all distributions for this account.

Please reinvest distributions on \_\_\_\_\_ shares held in my account.

To participate in the DRP, Section G must also be completed.

**E. New Custodian Authorization** – To be completed by the new custodian. Provide Corporate Resolution. Please print clearly.

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

**Medallion Guarantee:** New Custodian must have their signature Medallion Guaranteed by an eligible institution such as a commercial bank, trust company, credit union or brokerage firm that participates in an approved Medallion Program. Please note that a notarization is not acceptable.

**F. Substitute W-9 Form** (Must be signed by new Custodian or taxes will be withheld from distributions.)

As a registered owner of the above corporation, you must sign and return this certification to ensure that you are exempt from backup withholding on any payments we may make to you. Please note this will not affect the transfer. Only distributions made on the new shares will be impacted by the absence of a certified Tax Identification Number or Social Security Number.

Under penalties of perjury, I certify that (1) the number shown below is my correct Tax Identification Number; and (2) I am not subject to backup withholding either because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including Resident Alien).

Custodian Tax Identification Number \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**G. Beneficial Owner Information** – Please print clearly. Must be completed in order to participate in the Distribution Reinvestment Program.

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Telephone Number

**H. Financial Advisor Information** – Please print clearly.

\_\_\_\_\_  
Financial Advisor Name

\_\_\_\_\_  
Broker/Dealer

\_\_\_\_\_  
Financial Advisor Address

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

*Please mail this form to Registrar and Transfer Company, P.O. Box 1727, 10 Commerce Drive Attn. Specialized Issuer Services, Cranford, NJ 07016. If you need additional assistance, please call Investor Relations at (800) 960-6552, email us at [inlandinfo@rtco.com](mailto:inlandinfo@rtco.com) or visit our website, [www.rtco.com](http://www.rtco.com)*