

**REQUEST TO TRANSFER STOCK for Registered Owners**  
(Not for use by Broker/Financial Intermediary Custodial Accounts such as IRAs/SEPs/KEOGHs)

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Tax Identification Number/ Social Security Number

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

**B. Signature(s)** — Must be signed by all current registered owners.

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

If the current owner is deceased, the signature of the appropriate legal party is required.

\_\_\_\_\_

\_\_\_\_\_

**Medallion Guarantee:** All signatures must be 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 type and number of shares you wish to transfer or write "ALL" if you wish to transfer your entire position. 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).

Type of Shares:    **Book**    **Certificate**    **Distribution Reinvestment Program (Plan)**  
*(Check all that apply)*

\_\_\_\_\_ Shares to be transferred

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

\_\_\_\_\_  
Name of New Registered Owner(s) (As you would like it to appear on the account)

\_\_\_\_\_  
Name and Date of Trust (if applicable)

\_\_\_\_\_  
Name of Trustee (if applicable)

\_\_\_\_\_  
Residence Address (Address of Record)

\_\_\_\_\_  
Mailing Address (if different from residence)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**E. Substitute W-9 Form** (Must be signed by party under which tax information is to be reported or taxes will be withheld from distributions. Tax information may only be reported under one tax identification or social security number.)

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).

**Tax Identification Number/Social Security Number:** \_\_\_\_\_

Individual/Sole Proprietor       Partnership       Corporation       Other \_\_\_\_\_

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

**F. Distribution Information** (To be completed and signed by new registered owner(s).) Please print clearly.

**Please check one of the following three options:** If an option is not selected, cash distributions will be sent to the address of record.

**Distribution Reinvestment Program:** I hereby acknowledge receipt of the Company's Distribution Reinvestment Program Prospectus 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.

**Send Check to Address of Record**

**Send Payment to Third Party Via:**

**Mail**  
 **Electronic Direct Deposit (ACH)** (If Direct Deposit is not available, distribution check will be mailed.)  
 Checking     Savings    Bank ABA# \_\_\_\_\_  
**MUST ENCLOSE VOIDED CHECK and complete information below**

\_\_\_\_\_  
Name of Bank/Brokerage Firm

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

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
**Signature of New Registered Owner**

\_\_\_\_\_  
**Signature of New Registered Co-Owner (If Applicable)**

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

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

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

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

\_\_\_\_\_  
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)**