

# Older Nonmouth Stock Transfer

## STOCK DIVIDEND DISTRIBUTION FORM

Dear Client:

Please complete this form and fax it to 1-732-872-2728 along with copy of your press release.

**Company Name & CUSIP No.:** \_\_\_\_\_

**Name & Title of Officer:** \_\_\_\_\_  
*(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:** \_\_\_\_\_