The Northern Trust Company ATTN: *Relationship Manager* 50 South LaSalle Street Chicago, Illinois 60603

Security Gift Request

GIFTING ACCOUNT INFORMATION		
Account number		Account name
DONOR CONTACT INFORMATION		
First	MI	Last
Address		
City		State Zip code
Country		
☐ Check here if multiple donee information is atta	ached	d.
DONEE INFORMATION		
Choose donee type		Is this gift being made anonymously? ☐ Yes ☐ No
Donee name (Must Match Receiving Acct Name	at DTC	(C)
For Individuals SSN/EIN Number is required		
DONEE CONTACT INFORMATION		
First	MI	Last
Phone	Fax	x or email
Address		
City		State Zip code
Country		
For individuals only: Is the donee a minor? \square Ye	es, If y	yes, enter custodian name
First MI Last		

GIFT INFORMATIO	N				
Select one dispos	ition method:				
☐ DTC					
DTC Broker N	lame	DTC Broker A/C Number			
Receiving A/C	Name (Must Match Donee Name)	Receiving A/C Number			
☐ Transfer betv	veen Northern Trust accounts				
Receiving Acc	count Name	Receiving Account Number			
☐ Direct Regist	ration Statement (DRS)				
Re-Registration	on Title	SSN/EIN Number			
US SECURITY GIFTING INFORMATION (If more than three securities, please provide an addendum for remainder of securities) Note: If "Other" chosen as Tax Cost option, Exact Lot ID & Acq. Date Required					
Security Name		Ticker/CUSIP			
Share Amount		Choose Tax Cost: ☐ High ☐ Low ☐ Other			
Security Name		Ticker/CUSIP			
Share Amount		Choose Tax Cost: ☐ High ☐ Low ☐ Other			
Security Name		Ticker/CUSIP			
Share Amount		Choose Tax Cost: High Low Other			
SPECIAL INSTRUC	CTIONS				
Authorized Signer	<u> </u>	Date			

GLOBAL SECURITY GIFTING INFORMATION

(Foreign security gifts must include security tax lot information and market value of asset)

REQUIRED INFORMATION

(Contact information for DTC Broker required for all Global Security Gifting)

Succes	sor Custodian		
Custodi	an		Custodian Contact Name
Custodi	an Contact Phone Number		Custodian Contact Fax Number
Custodi	an Contact Email Address		Date Custodian(s) can be contacted
☐ Succes	sor Custodian		
Custodi	an	_	Custodian Contact Name
Custodi	an Contact Phone Number		Custodian Contact Fax Number
Custodi	an Contact Email Address		Date Custodian(s) can be contacted
Ownership)? ☐ Yes-	- CBO 🔲 No- NCBO		
Security Nar	ne	_	SEDOL/ISIN
Share Amou	nt	_	Choose Tax Cost: High Low Other
Approximate	Market Value of Asset	-	
Security Nar	ne	_	SEDOL/ISIN
Share Amou	nt	_	Choose Tax Cost: ☐ High ☐ Low ☐ Other

Approximate Market Value of Asset	
Security Name	
	SEDOL/ISIN
	Choose Tax Cost:
Share Amount	☐ High ☐ Low ☐ Other
Approximate Market Value of Asset	
SPECIAL INSTRUCTIONS	
Authorized Signer	Date