

# Dividend Reinvest Enrollment Form

**RAYMOND JAMES**<sup>®</sup>  
& ASSOCIATES, INC.  
Member New York Stock Exchange/SIPC

880 Carillon Parkway P.O. Box 12749  
St. Petersburg, FL 33733-2749  
(727) 567-1000

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Form #

Account #

Branch #

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Reinvestment of dividends in a number of stocks is available free of charge in your Elite Investment Account and Raymond James Custodial accounts. In all other accounts, there is a fee of 3% of each dividend payment reinvested. A minimum fee of \$1 and a maximum fee of \$50 will be deducted from the payment.

Note: A dividend payment must be at least \$5 to qualify for reinvestment.

### Authorization for Participation in the Raymond James Dividend Reinvestment Program

I/we hereby authorize Raymond James & Associates, Inc. to act as my/our agent subject to the terms and conditions set forth in the Raymond James Dividend Reinvestment Program. I/we further authorize Raymond James & Associates to retain for credit to my/our account any cash dividends on such securities as I/we may designate, and apply such cash dividends to the purchase of additional shares of the stock underlying the said dividend payment. I/we acknowledge that I/we understand that no replication of any company plan either as to price or discount is intended. Additional shares will be purchased in the open market by Raymond James & Associates on the last business day prior to the payable date of the securities being reinvested or as soon as practicable and the price at which the shares are purchased will be passed through to me/us. I/we further understand, pursuant to the conditions outlined above, certain processing fees may be deducted from my/our dividend cash prior to purchase.

Please reinvest ALL eligible securities in my account.

or

Please reinvest the securities listed below:

\* Open-end mutual funds are not eligible to be reinvested through this program.  
\* Any new requests for changes to dividend reinvest instructions on securities which are pending a distribution require notification at least two business days prior to the payable date for the change to affect the upcoming distribution.

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Print Client Name

Print Client Name (if applicable)

Client Signature

Date

Client Signature (if applicable)

Date

Please direct this form to the same processing center location you use for submission of physical certificates.

**CORPORATE ACTIONS**  
St. Petersburg Fax 1-866-207-3614  
Southfield Fax 1-866-534-5223