# Instructions:

Please complete the form below as needed to indicate the action desired for owned issues.

All submissions must be on the participant's letterhead and must have that participant's medallion stamp.

Use the TAB or arrow keys to toggle through the updatable fields in the document. Additionally, use the date format of mm/dd/yyyy for the date fields.

I you need a non-template form, one can be found here:

<http://www.dtcc.com/matching-settlement-and-asset-services/issuer-services/proxy-documentation>

You must submit completed forms via the WINS application. A user guide to the process can be found here: <http://www.dtcc.com/~/media/Files/Downloads/Settlement-Asset-Services/Issuer%20Services/WINS-User-Guide-Demand-and-Dissents.pdf>

For questions or additional forms, send requests via electronic mail to:

 demandanddissent@dtcc.com

**CONFIRMATION OF SHARES**

Date:      (Today’s date)

The Depository Trust Company

Proxy Department

55 Water Street

New York, NY 10041

**RE:** (Insert description of issue with CUSIP number)

(Insert DTC Participant Account Number)

Dear Officer:

Please cause Depository Trust Company, to sign the attached Confirmation of position with respect to

      (# of) shares of the above referenced securities credited to our DTC Participant account, on the date hereof.

In addition to acknowledging that this request is subject to the indemnification provided for in DTC Rule 6, the undersigned certifies to DTC that that the information and facts set forth below are true and correct.

1. The shares credited to our DTC Participant account are beneficially owned by our customers;
2. There have been no prior requests to DTC for execution of a request similar to the attached with respect to the shares referred to therein; and
3. The purpose of the confirmation is to help to prove the interest of our client to allow it in pursuing legal proceedings not involving DTC as a party.

Please make the letter available for pick-up by

(Insert DTC Participant Account Number) or overnight courier to

Name of Company

Address

Address

Contact Person

The overnight courier account number is

**(Courier account number)**

Very truly yours,

**(Insert name of Participant)**

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Manual signature of authorized person***

**(Type signer’s name)**

**(Type signer’s title)**

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

Medallion Stamp

The Depository Trust Company

55 Water Street

New York, NY 10041

Date:      (Today’s date)

Name of Company

Address

Address

Contact Person

Attn: Contact Person

The records of the Depository Trust Company (“DTC”) indicate that DTC’s nominee, Cede & Co., is a holder of shares of common stock of

(Insert description of issue with CUSIP number), (the” shares”). DTC confirms to you that as of

      (Date) the DTC Participant account of

 (Insert DTC Participant Account Number) is credited with

      (# of) shares.

Very truly yours,

The Depository Trust Company

BY:

(Officer)

Dated: