

Payment Information Update

SECURITYHOLDER INSTRUCTIONS TO PAYING/ESCROW AGENT

Instructions to Paying/Escrow Agent: Please ensure the below changes are made in your system.

Instructions to Securityholder: For individuals, this form must be completed and signed by the securityholder named on the Letter of Transmittal (LOT) provided at the time of closing. For entities, an authorized signatory of the securityholder named on the LOT must complete and sign this form. SRS Acquiom does not verify the accuracy or completeness of the information provided and is not responsible for any errors in such information. We will forward this form to the paying/escrow agent on your behalf. For assistance, please contact us at 303.222.2080 or support@srsacquiom.com.

IMPORTANT NOTE: When submitting this form, please also include one of the following so as not to delay payment: The number of shares held at close, cash paid at close, or a copy of a government-issued ID card. Thank you for helping protect your identity.

- Number of Shares Held at Close:
- Cash Paid at Close:
- Copy of Government-Issued ID Card Included

Name of Selling Company:	Securityholder Name: <i>(as shown on LOT)</i>
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SECTION 1 - Change My Address or Contact Information

Attention / Care Of:	
Address:	
City, State, ZIP, Country:	
Phone:	Email:

SECTION 2 - Change My Payment Method

<input type="checkbox"/> Check by Mail <small>(complete Section 1) * Additional fees may apply</small>	<input type="checkbox"/> Direct Deposit (ACH) * <small>(complete Section 3) * only available for U.S.-domiciled securityholders</small>	<input type="checkbox"/> Wire Transfer <small>(complete Section 3) * Additional fees may apply</small>
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SECTION 3 - Change My Account

Bank Name:	
Bank ABA Number (U.S.) or BIC / SWIFT Code (Foreign): <i>Please note that the routing number for wires and ACH may be different. Please verify with your bank.</i>	
Account Type:	
<input type="checkbox"/> Consumer Checking <input type="checkbox"/> Consumer Savings <input type="checkbox"/> Corporate Checking <input type="checkbox"/> Corporate Savings	
Account Name at Bank:	
Account Number (U.S.) or IBAN Number (Foreign) at Bank:	
Intermediary Bank Name (Required for International Wires):	Intermediary Bank SWIFT/ABA (Required for International Wires):
For Further Credit Account Name at Bank (If Applicable):	For Further Credit Account Number at Bank (If Applicable):

Please sign and date below if you have made changes in Section 1, Section 2, or Section 3.

Signature:	Title: <i>(if an entity)</i>	Date:
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EXPLICIT CONSENT: Please complete the following if you are a European Union Resident.

By signing below, I acknowledge and consent to the fact that SRS Acquiom may provide services that include the collection, processing and exporting of personal information (including my email, name, address, wire instructions, and government issued tax ID number) within the United States. I understand and acknowledge that the data protection laws of the United States are different from the data protection laws in my home country.

Acknowledged and Confirmed:

Securityholder Signature

Date

Printed Name