



Cash Distribution Form

Dear Client:

Please complete this cash distribution form and fax it to 201-820-2010 along with the copy of your press release. Thank you.

Company Name: _____

Today's Date: _____

Name & Title of Officer: _____
(person authorized to sign this form)

Class of Stock: _____
(common, preferred, ect.)

Declaration Date: _____

Record Date: _____

Payable Date: _____

Rate: _____

Mail Date: _____

Type of Distribution: _____
(annual, semi-annual, monthly, quarterly, or special)

Special Instructions: _____
(please specify if applicable or write n/a)

***Type of enclosure with check:** _____
(please specify if applicable or write n/a)

****If there is an enclosure, please specify who the printer is:** _____

*****Please indicate if street holders are to receive the enclosure in addition to the registered holder:**
