

**KMG CHEMICALS, INC.**  
**DIRECT STOCK PURCHASE PLAN**

Please print all items except signatures.  
Return your completed gift, transfer form to:

**GIFT/TRANSFER FORM**

**Securities Transfer Corporation**  
**2591 Dallas Parkway Suite 102**  
**Frisco Texas 75034**

**A. ACCOUNT REGISTRATION**

Please provide the following information on the account from which you wish to transfer shares:

Owner's First Name M.I. Last Name  
\_\_\_\_\_  
Owner's Social Security Number  
\_\_\_\_\_  
Joint Owner's First Name M.I. Last Name  
\_\_\_\_\_  
Plan Account Number  
\_\_\_\_\_

**B. RECIPIENT'S ACCOUNT REGISTRATION**  
**PLAN ACCOUNT NUMBER (if existing account)**

**TYPE OF ACCOUNT.** Please check on box and provide all requested information for the recipient's account. A new account will be opened for the recipient unless an account already exists.

**INDIVIDUAL OR JOINT**—Joint accounts will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. Only one social security number is required for tax reporting.

Owner's First Name M.I. Last Name  
\_\_\_\_\_  
Owner's Social Security Number  
\_\_\_\_\_  
Joint Owner's First Name M.I. Last Name  
\_\_\_\_\_

**CUSTODIAL**—A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age as specified in the Uniform Gift/Transfers to Minors Act in the minor's state of residence.

Custodian First Name M.I. Last Name  
\_\_\_\_\_  
Minor's First Name M.I. Last Name  
\_\_\_\_\_  
Minor's Social Security Number Minor's state of residence  
\_\_\_\_\_

**TRUSTS**—Account is established in accordance with the provisions of a trust agreement.

Trustee Name  
\_\_\_\_\_  
Beneficiary Trust Date  
\_\_\_\_\_  
Trust ID Number  
\_\_\_\_\_

**CORPORATION, PARTNERSHIP, OR OTHER ENTITY**

Business Name Tax ID Number  
\_\_\_\_\_

**C. RECIPIENT'S MAILING ADDRESS**

Please provide the recipient's address. All account information on gift/transfer shares will be mailed to this address.

Street Name and Number Apt Number  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_

**D. GIFT/TRANSFER ELECTION**

I wish to transfer \_\_\_\_\_ shares from my account to the account indicated in Section B. (Note: cannot be greater than the number of shares held in your Plan account). The Agent will send the recipient an acknowledgement and , if newly enrolling, a prospectus.

Please check a box below if you want a gift certificate sent to:  
 Yourself or  The Recipient

**E. YOUR MAILING ADDRESS**

First Name M.I. Last Name  
\_\_\_\_\_  
Street Name and Number Apt Number  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_

Please provide your day and evening phone numbers to assist us in processing your gift/transfer.

Daytime Phone:( ) \_\_\_\_\_  
Evening Phone:( ) \_\_\_\_\_

**F. DIVIDEND REINVESTMENT**

All dividends on shares transferred to and held in the the recipient's Plan account will be reinvested under the terms of the Plan.

**G. SIGNATURES AND STOCK POWER**

I hereby appoint Securities Transfer Corporation as the attorney to transfer the shares indicated in Section D to the recipient indicated in Section B, and as the Agent to reinvest dividends under the Plan.

**IMPORTANT NOTE:** The signature(s) on this form must correspond with the name(s) exactly as written on your Plan account statement. All joint owners indicated in Section A of this form must sign. The signature(s) of the person(s) executing this form must be guaranteed by a stockbroker, commercial bank or trust company with membership in an approved signature Guarantee Medallion Program.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

**Please see reverse for information and instructions**

**KMG CHEMICALS, INC.  
FORM  
DIRECT STOCK PURCHASE PLAN  
INSTRUCTIONS**

**GIFT/TRANSFER  
INFORMATION AND**

Please consult the Securities Transfer Corporation Direct Stock Purchase Plan prospectus for complete information with regard to the Plan.

You may choose to transfer shares from your account to another person. If that person is not already a participant in the Plan, a Plan account will be opened according to the registration instructions you have given in Section B of this form. You may transfer any amount of whole shares by indication in Section D the number of shares you wish to transfer. This amount cannot be greater than the number of shares currently held in your Plan account. If you wish to transfer all your Plan shares, write "ALL" in the space provided. By transferring all your Plan shares, you will close your Plan account.

The recipient of your transferred shares will receive an acknowledgement of the transfer from the Agent. If the recipient is a new participant in the Plan, he or she will also receive a copy of the Plan prospectus. If you mark one of the boxes in Section D, the Agent will send a gift certificate to you or the recipient acknowledging the gift of shares.

The signature(s) of the Person(s) signing this form must be guaranteed by a commercial bank or trust company.