



DIRECT STOCK PURCHASE PLAN

INITIAL INVESTMENT FORM

Please print all items except signatures. QUESTIONS? Call 469-633-0101 from 8:30 a.m. to 5:00 p.m. central time, Monday through Friday
Mail your completed Initial Investment Form to:

Securities Transfer Corporation
C/O Stock Purchase Plan
2591 Dallas Parkway Suite 102
Frisco, Texas 75034

A. ENROLLING IN THE PLAN

- I wish to enroll by making an initial investment. Enclosed is a check or money order for \$_____ (\$200 MINIMUM/\$100,000 maximum) Payable to Securities Transfer Corporation/KMG. (For multiple accounts, a minimum of \$200 is required for each account.) Check must be received no later than 12:00 p.m. (noon) Central Time one business day prior to an Investment Date to be invested beginning on that Investment Date. No interest will be paid on funds hold pending investment.

B. YOUR MAILING ADDRESS

Please provide your mailing address:

Please provide your day and evening phone numbers to assist us in processing your enrollment.

First Name M. I. Last Name

Street Name and Number APT#

city State Zip

Daytime Phone: (_____) _____
Evening Phone: (_____) _____

C. YOUR ACCOUNT REGISTRATION Please Print Clearly

TYPE OF ACCOUNT: Please check one box and provide all requested information.

- Check here if registration desired matches mailing information above. _____
Owner's Social Security Number
- INDIVIDUAL OR JOINT.** Joint accounts will be presumed to be joint tenants 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 Gifts/Transfers to Minors Act in the minor's state of residence.
- Custodian's 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 provisions of a trust agreement.
- Trustee Name Name of Trust Trusts Date Tax ID Number
- Beneficiary
- CORPORATION, PARTNERSHIP, OR OTHER ENTITY.**
- Business Name Tax ID Number

