ACCOMMODATION TRANSFER AUTHORIZATION

I. ACCOUNT INFORMATION

ACCOUNT OWNER:

ACCOUNT NUMBER: | | | | – | | | | | | |

II. ASSIGNMENT

I/We hereby authorize Pershing LLC and TIAA-CREF Individual & Institutional Services, LLC to act in accordance with the following transfer instructions:

QUANTITY:

DENOMINATIONS: (Optional)

DESCRIPTION:

TAXPAYER IDENTIFICATION NUMBER: (For new registered holder) | | | | – | | | – | | | | |

CUSIP® NUMBER:

REGISTER IN THE NAME OF:

MAILING ADDRESS: CITY: STATE:

TELEPHONE NUMBER: (Day) (Evening) E-MAIL:

DELIVER TO:

W-9 ATTACHED? ❑ YES ❑ NO

III. AUTHORIZATION AND SIGNATURE (NOTE: All persons named on the account are required to sign this authorization form)

I/We hereby confirm that I/we relinquish all rights thereto.

ACCOUNT OWNER'S SIGNATURE: DATE:

JOINT ACCOUNT OWNER'S SIGNATURE: (If applicable) DATE:

CUSIP® belongs to its respective owner.

SIGNATURE GUARANTEED BY:

TBRM
F10997 (10/04)

ACCOMTRF