

Beneficiary Name and Address	Number of Shares	Beneficiary DOB & Phone Number
Name: _____ Address: _____	_____ # of Shares	Date of Birth: _____ Phone Number: _____
Name: _____ Address: _____	_____ # of Shares	Date of Birth: _____ Phone Number: _____
Name: _____ Address: _____	_____ # of Shares	Date of Birth: _____ Phone Number: _____
Name: _____ Address: _____	_____ # of Shares	Date of Birth: _____ Phone Number: _____

By checking this box, I hereby give any other shares I possess at the time of my death to the beneficiaries listed above, in the same proportion as set forth above.

Executed in the presence of a Notary Public on this _____, day of _____, 20_____.

State of _____)
)ss. _____
 County/Judicial District _____)

Signature of Shareholder

I, _____, a Notary Public, in and for the state of _____, hereby acknowledge that the forgoing Testamentary Disposition (Stock Will) was executed before me by _____, on this _____, day of _____, 20_____.

Notary Public Signature

My Commission Expires