

# LEGACY

Stock Transfer, Inc.

## *DWAC Deposit/Withdraw*

Please note that all fields below must be completed in order for DWAC request to be placed

This DWAC will be (check one):

-- Deposit

-- Withdraw

|                  |  |
|------------------|--|
| Date             |  |
| Broker           |  |
| Attn.            |  |
| Address          |  |
|                  |  |
| Account Number   |  |
| Name on Account  |  |
| CUSIP #:         |  |
| Trading Symbol   |  |
| Issuer Name      |  |
| Amount of Shares |  |
| Cost Basis/FMV   |  |

Shareholder Contact Information:

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
|               |  |
| Email address |  |

Any DWAC requests not fulfilled within 30 days will be returned to the submitting party.