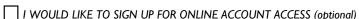
SHAREHOLDER DETAILS

Use this form to provide or update your account information.

Please return the completed form:

Mail: ClearTrust, LLC, 16540 Pointe Village Dr, Ste 205, Lutz, FL 33558 Securely upload: www.cleartrustonline.com/fswb

Hand deliver to your local branch: "Attention Mike Coltharp, CFO"





| I WOULD LIKE TO SIGN UP FOR ONLINE. | ACCOUNT ACCESS (optional) | | | | Dain |
|--|--|---|---------------------|------------------|--|
| A. CONTACT INFORMATI | ION | | | | |
| Full Account Name (print EXACTLY as it appears of | | nent: | | | Preferred Method of Conta |
| Address of record (if updating your address, print y | rour new address): | | | | <u> </u> |
| DI | F:!- | | | | |
| Phone: | Email: | | | | |
| B. SUBSTITUTE W-9 FORM | | V-9 From is neede | d to prevent b | ackup withh | oldings on payments made |
| to you on behalf of :]fghtCci hk Ygh6Ub_ (Tax Identification Number: | The Taxpa account is | The Taxpayer Identification Number (TIN) must match the name given in section A above. If the account is registered to Joint Tenants, use the TIN of the first owner named on the account. If you cont a U.S. citizen or do not have a Social Security Number, please use the appropriate Form W-8, | | | |
| | available a | t www.irs.gov | a Social Security | Number, please | use the appropriate Form W-8, |
| Tax classification for the name provided in s □ Individual/Sole Proprietor □ C | | one: Partnership | ☐ S Corp | ooration | ☐ Trust/Estate |
| ☐ Limited Liability Company: Enter the tax | classification \square | Other: | | | |
| Exemptions: Exempt Payee-Exempt pay | | FATCA reporting | g code (if any) | | |
| Certification: Under penalties of perjury, I cert because of (a) I am exempt from backup withholo as a result of a failure to report all interest or div (including Resident Alien); and (4) I am exempt fr | ling, or (b) I have not been notificities or (c) the IRS has notifie | ied by the Internal R | evenue Service (| "IRS") that I an | n subject to backup withholdin |
| Signature of U.S. person: | | | Date: | | |
| C. ACH ENROLLMENT (O | ΡΤΙΟΝΔΙ) | | | | |
| I (we) hereby authorize ClearTrust, LLC ("Clear Financial Institution") and, if necessary, initiate ad me (us) in writing to cancel it in such time as to a | Trust") to initiate entries into m justments for any transactions o | redited in error. Th | is authority will | remain in effec | |
| Name of Financial Institution: | | | | | |
| | | | | | |
| Address of Financial Institution (branch, city, state, | & zip): | | | | |
| Financial Institution Routing Number: | Account N | umber: | | | |
| | | | | (select one |) Checking or Saving |
| Title / Full Name of Your Account at Financial Ins | stitution: | | | | |
| | | | | | |
| D. SIGNATURES – This section m | • , | t registered holder | rs, or a legally | authorized r | epresentative with |
| indication of his/her capacity next to the p Date: | пплед пате. | | | | |
| Shareholder signature: | | Joint shareholde | r signature: | | |
| X | | X | | | |
| Printed name, and title (if applicable): | | Printed joint nam | ne, and title (if a | oplicable): | |
| | | 1 | | | |