

FULLY-PAID SECURITIES LENDING (FPL) PROGRAM

WRITTEN INSTRUCTIONS FORM

Security Exclusions/Inclusions and Maximum Account Lending Ratio

Accountholder Name(s): _____
(if joint account, both joint accountholders names)

Securities Account Number: _____

SECURITIES TO BE <u>EXCLUDED</u> FROM PROGRAM (AS OF DATE BELOW)	
Security	Symbol
REVOCATION OF PREVIOUS EXCLUSION INSTRUCTIONS WITH RESPECT TO FOLLOWING THE SECURITIES TO BE <u>INCLUDED</u> IN THE PROGRAM (AS OF DATE BELOW)	
Security	Symbol

Maximum account lending ratio (as of date below): _____

Accountholder (or Authorized Representative) Signature(s):

X _____ **X** _____

For individuals: If any of the Securities Accounts designated in this form are joint accounts, both joint accountholders must sign this form.

For legal entities: If you are signing on behalf of a legal entity accountholder, you certify that you are a duly authorized representative of the Accountholder with respect to the instructions contained in this form.

Dated as of: _____