

DTC's MMI CUSIP INFORMATION CHANGE REQUEST FORM

(In order for DTC to accept this request, the form must be signed and completed in its entirety by the Issuing/ Paying Agent (IPA). Only one CUSIP per form is accepted. Only this form will be accepted. **DO NOT RETYPE.**)

DATE: _____

TO: DTC's Underwriting (MMI ELIGIBILITY) via email: **MMIUPDATES@DTCC.COM** **AND**
DTC's MMI Announcements via email: **MMIANNOUNCEMENTS@DTCC.COM**

FROM: _____, _____, _____
(CONTACT NAME) (BANK NAME) ISSUING/ PAYING AGENT (IPA) #

(CONTACT PHONE #) (CONTACT FAX #)

SUBJECT: REQUEST TO CHANGE MMI CUSIP INFORMATION

As IPA, for CUSIP # _____ which settle on _____, we request a change be made to the CUSIP information from what was originally transmitted to DTC via the issuance instruction (MMII) as outlined below. We understand a fee of \$300.00 will be charged to our IPA account to effect this change.

CURRENT DATA ON DTC'S RECORDS **DESCRIPTION OF REQUESTED CHANGE**

As IPA, in the event we may need to contact the investor(s) or their custodian(s) to advise them of the above requested change, we will check the below "YES" box to indicate to DTC to accept this letter as authorization to provide us with the DTC Participant account(s) holding the MMI CUSIP at the time of the requested changed. (IF IT IS NOT CHECKED, THE INFORMATION WILL NOT BE PROVIDED.)

REQUEST DTC PARTICIPANT INFO? : YES

We understand that DTC will effect the change and publish a DTC Important Notice distributed to all participants regarding such change on or before the 5th business day after DTC has acknowledged receipt of the CUSIP change request.

IN CONSIDERATION OF HONORING THIS REQUEST, THE UNDERSIGNED AGREES FOR ITSELF AND ITS SUCCESSORS, ASSIGNS, HEIRS, EXECUTORS, AND ADMINISTRATORS, TO AT ALL TIMES INDEMNIFY AND HOLD HARMLESS THE DEPOSITORY TRUST COMPANY AND EACH OF ITS NOMINEES, AFFILIATES, AGENTS, DIRECTORS, OFFICERS, AND EMPLOYEES AGAINST ANY AND ALL CLAIMS, LIABILITIES, LOSSES, EXPENSES (INCLUDING, WITHOUT LIMITATION, COURT COSTS, ATTORNEY'S FEES, AND DISBURSEMENTS), SUITS OR DAMAGES TO WHICH THEY MAY BECOME SUBJECT, ARISING OUT OF, BASED UPON, OR RELATED TO THIS ACTION. WE REPRESENT AND WARRANT THAT WE ARE DULY AUTHORIZED TO EXECUTE THIS INDEMNITY.

Signature: _____

Print Name: _____

Print Title: _____