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 MMI Announcements team via email at 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.

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

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: _____