



ASCENDANT
group

**P.O. BOX HM 3392
HAMILTON HM PX**

APPLICATION

DIRECT DEPOSIT – DIVIDENDS

I/We authorize that all future dividend payments are to be deposited to the following account:

NAME OF SHAREHOLDER _____

HOME ADDRESS _____

MAILING ADDRESS _____

(If different from home address) _____

HOME TEL # _____

WORK TEL # _____

MOBILE TEL # _____

E-MAIL ADDRESS _____

BERMUDA LOCAL BANKS (Please circle your bank choice)

HSBC BERMUDA or BUTTERFIELD BANK or CLARIEN BANK

ACCOUNT TYPE (Please circle) – CHEQUING or SAVINGS

ACCOUNT NO. _____

BDA\$ or US\$ ACCOUNT _____

Signature

Dated thisday of2015

Completed form should be mailed to the above address for the attention of Ms. Jean E. Kromer or can be e-mailed to jkromer@ascendant.bm.