

THE BANK OF NEW YORK  
COA – SOI  
PO BOX 397  
EAST SYRACUSE, NY 13057

**ACCOUNT CONSOLIDATION REQUEST FORM**

Name of registered holder(s) \_\_\_\_\_

Please provide us with the last four digits of the Social Security Number on  
XXX-XX-\_\_\_\_\_

Please consolidate these account numbers:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize The Bank of New York to change your records to reflect the address indicated on this form. All registered owners have signed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\***

The Registration and TAX ID number must be identical in order to consolidate accounts.

Not all accounts can be consolidated.

If registered to someone other than an individual or individuals – please have this request Medallion Guaranteed or accompanied by a Corporate Resolution / document showing who has the rights to sign on behalf of the company.

Should you have any question please contact our Bondholder Relations Toll Free number 866-764-3425.