

EMPLOYEE STOCK OPTIONS EXERCISE AND SALES

I. EMPLOYEE INFORMATION

NAME: _____ ACCOUNT NUMBER: - -

II. EMPLOYER INFORMATION

COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____ TELEPHONE NUMBER: _____

III. GRANT INFORMATION

Grant Date						Totals
Number of Shares						
Grant Price						N/A
Total Cost						
Expiration Date						N/A

IV. TRADE INSTRUCTIONS

- I WISH TO SELL ALL OF MY SHARES AT THE THEN MARKET PRICE UPON APPROVAL AND ACCEPTANCE OF MY REQUEST.
- I WISH TO SELL A PORTION OF MY SHARES AT THE THEN MARKET PRICE AND HOLD THE REMAINING SHARES IN MY MARGIN ACCOUNT. I UNDERSTAND THAT NORMAL MARGIN REQUIREMENTS APPLY.
NUMBER OF SHARES TO BE SOLD _____ NUMBER OF SHARES TO BE HELD IN MARGIN ACCOUNT _____
- I WISH TO HOLD ALL SHARES IN MY MARGIN ACCOUNT, AND WILL DIRECT THE SALE AT A LATER TIME.
I UNDERSTAND THAT NORMAL MARGIN REQUIREMENTS APPLY.

By signing below I authorize Pershing LLC to exercise my stock option grants and remit payment to my employer. I understand that once these instructions have been completed, acceptance granted, and funds forwarded to my company, no changes can be made regardless of market conditions. I hold harmless Pershing LLC for any and all liability associated with the market fluctuation of the stock price. I understand that my exercise of options granted to me may give rise to tax withholding obligations at rates specified by my employer. I authorize Pershing LLC to remit payment from my account for the cost of the exercise price, and any applicable withholding taxes, whereupon I request that my company deliver the securities to Pershing LLC.

V. EMPLOYEE AUTHORIZATION

I authorize my company, upon receipt of payment for my stock option exercise(s), to deliver the securities to Pershing LLC.

This instruction is not revocable or amendable by the undersigned. I hereby grant to Pershing LLC a power, coupled with an interest, to affect the intent of this letter. In addition, I authorize Pershing LLC to contact my company to confirm the prompt delivery of the securities and to arrange proper receipt by them.

I further authorize the exchange of my personal information, including taxpayer information, by and to Pershing LLC as necessary to affect the transactions described above.

EMPLOYEE SIGNATURE: _____ DATE: _____

JOINT SIGNATURE (If applicable): _____ DATE: _____

