

Dividend Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize AST to initiate automatic deposits to the account listed below (the "Account"). In the event of an erroneous deposit, I hereby authorize AST and the financial institution holding the Account to take any and all appropriate corrective actions, including, without limitation, positing a credit or a debit to the Account. The foregoing authorizations will remain in effect until AST receives a written notice of cancellation or a new direct deposit form executed by me.

Note: Please allow 30 days for processing of any request to cancel or make changes to the automatic deposit instructions.

	AST Account Information	
ACT Company Name		
AST Company Name:		
AST Account Number:		
AST Account Registration (as it appears	on our records):	
	Bank Account Information	
Name of Financial Institution:		
Routing/ABA Number:		(must start with 0,1,2 or 3)
Bank Account Number:		□ Checking □ Savings
	Cianadawa	
	Signature	
Authorized Signature (Primary):		Date:
Authorized Signature (Joint):		Date:

Please attach a voided check, deposit slip or savings statement bearing the identical AST account registration and return this form to the address below:

AST Attn: Data Entry Department 6201 15th Avenue Brooklyn, NY 11219