



Letter of Intent to Exercise Stock Option

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 800-870-9687

1. EXERCISE AND SALE FORM FOR CASHLESS STOCK OPTIONS

Account Number:

Print Name:
(First, Middle, Last, Suffix)

Primary Phone:

Secondary Phone:

A. Number of Shares to be Exercised:

Security Name:

Stock Symbol:

B. Grant Price Per Share:

C. Total Exercise Cost (A. x B.)
(This amount and any applicable taxes will be forwarded directly to your company.):

2. TRADE INSTRUCTIONS

1. I wish to direct the sale of all of my shares upon approval and acceptance of my application.* (Same-day sale; cashless.) I understand that it is my responsibility to place the sell order with a licensed TD Ameritrade broker.
2. I wish to sell a portion of my shares and hold the remaining securities in my account. I understand that normal margin requirements may apply if the shares are held in a margin account. I understand that it is my responsibility to place the sell order with a licensed TD Ameritrade broker.

Number of Shares to be Sold:

Number of Shares to be Held in Account:

3. I wish to purchase and hold all my shares in my account and will direct the sale at a later time. I understand my account will be debited the purchase price of the shares. Normal margin requirements may apply if I borrow funds from TD Ameritrade.
4. I wish to complete a Stock Swap. I understand I must include a letter of authorization signed by all account owners indicating my account number and the number of shares to be transferred back to the company for the Stock Swap. (Not offered by all company Employee Stock Option Plans.)

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 indemnify and hold harmless TD Ameritrade, Inc. and the divisions thereof for any and all liability associated with market fluctuation of the stock price.

***Please Note:** You will be contacted to execute a trade.

Signature:

Date:

Employer:

Employer's Phone:

Contact Name:

Print Co-Owner's Name:

Co-Owner's Signature:

Date:

Please Note: If Joint account, all account owners must sign.

Original signature required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade, Inc., member FINRA/SIPC. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2017 TD Ameritrade.

