TD WATERHOUSE
Institutional Services

100 Wall Street
New York, NY 10005
1-800-431-3500

PERIODIC PAYMENT FORM

Note:	If funds are going to a checking account, please attach a voided check. If funds are going to a savings account, please attach a deposit slip or a copy of a recent account statement. If sufficient funds are not available for payout in full, non-payment may result. IRA accounts must use an IRA Distribution Form.

RE: Account # _____ Date: _____

This letter authorizes TD Waterhouse Investor Services, Inc.
to send a check in the amount of _____.

Check one:

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semi-Annually
- ❑ Annually

Beginning _____ _____ _____
Month Day Year

Payable to (check one):

- A. ❑ Name and address of record
- B. ❑ Other Address *
- C. ❑ 3rd Party *

If either B or C were indicated above, please list alternate address:

_____
Address

_____
City, State, Zip

Signature of all account holders

_____
Signature Date

_____
Signature Date

_____
Signature Date

*** NOTARY REQUIRED FOR ACCOUNT HOLDER(S)**

On the _____ day of _____ , 20 _____ , before me personally appeared _____ , known to me to be the individual(s) who executed the foregoing instrument, and acknowledged the same to be their free act and deed before me.

_____
(Notary Seal) Notary Public

TD Waterhouse Institutional Services is a division of TD Waterhouse Investor Services, Inc. Member NYSE/SIPC.