

siebert.

Stock Option Authorization Form

Return Instructions:

Employee Stock Plan Clients:
Email: shareplansupport@siebert.com
Phone: 800.993.2015
Fax: 402.342.2486

Do not submit your order more than once, or your transaction may be duplicated. Executed transactions resulting from duplicate order requests will be entered into the customer's Muriel Siebert & Co., LLC. (Siebert) account. Fees subject to change without notice.

Name & Information

Last Name		First Name		Middle Initial
U.S. Citizen?		Social Security Number (US only)		Siebert Account Number (if known)
Yes No				
Home Address		City	State	Zip
Business Address		City	State	Zip
Home Phone	Business Phone	Fax	Email	
Employment Status (choose one)		Active Retired (Date):		Terminated (Date):
Employee Number		Country of Employment		

Order Type

Please check ONE of the following.	
☐ New Order	
Amendment to Order Dated: _____ (Please complete the following sections including any amendments.)	
Cancellation of Order Dated: _____ (Please provide original order details in the following sections.)	

Authorization Information

Authorization to exercise the following stock of: _____ (company name)			
Grant Date	Grant Price (per share)	Number of Shares to Exercise	Grant Identification Number
Total Shares Exercised:			

Choose One:

- ☐ Sell all of the shares listed above ☐ Sell only enough shares to cover the option cost, applicable withholding taxes and brokerage fees.
A \$35 calculation fee will be added to the commission charge.*

Authorization Price

Please check ONE of the following. I authorize Siebert to sell the above listed shares at:	
☐ The Market Price of the shares at the time of the trade	
☐ A LIMIT PRICE of \$ _____ per share.	

I agree that this order will remain "Good 'Till Cancelled" or until it is filled. I understand that it is my responsibility to cancel any order that I do not wish to execute. If I wish to change the order, I will submit a new form and request an "amendment to an existing order." Executed transactions resulting from an order which I fail to cancel will be entered into my account. I understand that it is my responsibility to cover that transaction. Please note, however, that all orders which become subject to trading window restrictions (blackout periods) will automatically be cancelled.

*Please consult Siebert for current service fee rates.

Payment Instructions

Mail a US\$ check to my mailing address
Send a US\$ check by overnight courier to my mailing address.*
Hold proceeds in my Brokerage Account
Wire transfer US\$ to my bank as instructed on the next page.*
Wire transfer local currency to my bank as instructed on the next page.*

Siebert has entered into an agreement with a third party provider ("Provider") to facilitate foreign currency transactions for Siebert customers who request the receipt of funds in a currency other than US Dollars. The Provider charges a fee for its foreign currency conversion services which is passed through to the customer by Siebert. A portion of this fee is retained by Siebert. For transactions in US Dollars, Siebert does not use the Provider's services and therefore there is no currency exchange fee for the customer.

Wire Detail Information:

(Information below must be completed in full or your request will be delayed.)		
Bank Name		Bank Street Address
Name on Bank Account		Your Account Number/IBAN Number
ABA /Routing Number (Domestic)		SWIFT/BIC Code (International)
Bank City	Bank State	Bank Province / Country

*Please consult Siebert for current service fee rates.

Stock Registration/Delivery Instructions

If instructions are incomplete, your stock and/or dividends will be held in your account.			
Hold my shares in my account	OR	Send a certificate (indicate address below)	
		Register certificates in: My name only	
		My name & my spouse's name	
Hold dividends in my account	OR	Mail a US\$ check (indicate address below)	
Address for delivery of certificates:		Address for dividend payments & stockholder information:	
Home Business Other: _____		Home Business Other: _____	
Name/Attention		Name/Attention	
Street Address		Street Address	
City	State	Zip	
Province	Country		
Account Number			

Signature

I hereby acknowledge that I understand and agree to the terms set forth in the Stock Option Authorization Form and accept financial responsibility for the execution of this order as submitted.

Signature X	Date
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