



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

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

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