FOR OFFICE USE ONLY

Date & Initial when completed

COMPLETED: _____

CONTACTED: ____

DELIVERED: _____

REQUEST FORM FOR SHAREHOLDER & CORPORATE RECORDS

Name of Person requesting information: _____

Company:_____ Title:_____

*Must be authorized by the President of UIC if this use is not within the company.

Requesting: ___ Shareholder Address Labels ___ Shareholder head of household labels
Other specific request:_____

Deadline for Request _____ *You need to provide us with this form filled out at least a week before your deadline.

Purpose for requested information: _____

_____

_____

_____

*NOTE: This purpose must be related to the books & records listed below.

Representative: I have given my authority to examine these records to:

NAME: _____ PHONE #: _____

ADDRESS: _____ _____

_____

Who is my: ___ Attorney ___ Accountant ___ Legal Agent ___ other:

I certify that examination of these books and records by MY REPRESENTATIVE OR ME is solely for the purpose(s) stated above. I further certify that it is not to obtain private information about other UIC Shareholders or to injure the legitimate interests of UIC.

_____ _____

Signature Date

FOR OFFICE USE ONLY ___ Request Approved ___ Request Denied

_____ _____

President Date