

Series F Preferred Stock Offering Electronic (DTC) Subscription Form

INVESTMENT					
Number of Shares:		DIVIDEND REINVESTMENT PROGRAM (DRIP) Offered at \$22.75 per share.			
Purchase Price per Share: \$		Note: Fidelity and Axos do not currently support this DRIP program,			
Aggregate Purchase Amount: \$		unless transacted through our Transfer Agent.			
Brokerage Account Number:		Would your client like to participate in the DRIP?			
Advisory Account Number:			YES NO		
INVESTOR INFORMATION					
Investor Name	Investor Address		City, S	City, State & Zip	
Phone Number	Email Address		Social Security or Tax ID		
Co-Investor Name	Co-Investor Address			City, State & Zip	
Phone Number	Email Addre	nail Address		Social Security or Tax ID	
SUBSCRIBER ACKNOWLEDGE	MENTS AN	D SIGNATURES			
The undersigned hereby confirms his/her agreement to pur authorized to sign on such subscriber's behalf represents)			of fiduciary accou	nts, the person	
, , , , , , , , , , , , , , , , , , ,	3.0		Owner	Co-Owner	
a) I (We) have received, read and understand the Reg Prospectus Supplement and Charter for the Offering and a reference into the Registration Statement and Prospectus are described and agree to be bound by the terms and con	reports filed with the SEC (incorporated by				
b) I am (We are) purchasing Series F Preferred Share understanding regarding the sale or transfer of such share	account and there is no agreement or				
c) I (We) acknowledge that the Series F Preferred Sha Preferred Shares and I (we) may not be able to sell the Se					
d) I (We) understand that I/we will not be admitted as a stockholder until my/our investment has been accepted. The acceptance process includes, but is not limited to, reviewing the Subscription Agreement for completeness and signatures, conducting the Anti-Money Laundering check as required by the USA Patriot Act and payment of the full purchase price of the Shares.					
e) I (WE) ACKNOWLEDGE THAT THE SHARES OF ACCOUNTS AND ARE NOT INSURED OR GUARANTEE (FDIC), THE SHARE INSURANCE FUND OR ANY OTHER	D BY THE FEDER	AL DEPOSIT INSURANCE CORPORATION			
Owner signature:		Date:			
Co-owner signature:		Date:			
REGISTERED REPRESENTATIV	E & RIA SI	JBMISSION AND APPROVAL			
The financial advisor must sign below to com he/she is duly licensed and may lawfully sell \$				ts that	
Registered Representative/RIA Signature		Date		Advisor CRD #	
Principal Signature		Date			

Mailing Instructions: Please forward to your broker dealer home office