



Shareholder Direct Deposit Authorization Form

Dear Shareholder,

Nsight is happy to announce the option of dividend direct deposit. If interested, please fill out this form and mail to:

Nsight
Attn: Shareholder Accounting Department
P.O. Box 19079
Green Bay, WI 54307-9079

Shareholder Legal Registration Name (Please Print): _____

Tax ID Number: _____ Phone Number: _____

Email Address: _____ Class of Shares Owned: ☐ A ☐ B ☐ A&B

Please check type of account: ☐ Checking ☐ Savings ☐ Christmas Club

Please indicate your bank's name: _____

Please indicate your bank's routing number: _____

Please indicate your bank account number: _____

This form must be accompanied by either a voided check or deposit slip for the bank account.

I authorize you and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my above information each dividend cycle. This authority will remain in effect until I have cancelled it in writing.

Shareholder Signature: _____ Date: _____

Shareholder Signature: _____ Date: _____

Please note: Direct Deposit may take up to two dividend cycles to take effect.

For Accounting use only:

Date Received: _____ Date Entered in FASTOCK: _____ Initials: _____