

Exhibit A

STIP PARTICIPATION INFORMATION SHEET							
STIP Program Manager Montana Board of Investments boi_stip@mt.gov PO Box 200126 Helena, MT 59620-0126 Phone 406.444.0003				<i>For Official Use Only</i> STIP DATA <input style="width: 50px; height: 15px;" type="text"/> INVEST TA <input style="width: 50px; height: 15px;" type="text"/> ACCT ID <input style="width: 100px; height: 15px;" type="text"/>			
Requests must be submitted by Authorized Representative of the Participant.							
<i>The STIP Participant listed below hereby agrees to participate in the STIP Program as established under Section 17-6-204, MCA., and the terms and conditions of STIP operations as determined and set by the Montana Board of Investments and warrants as follows:</i>							
Section 1. STIP Participant Information Summary							
STIP Participant Name →				Tax Identification Number (TIN) →			
Mailing Address →		City →		State →	MT	Zip →	
STIP Account # → <i>(For official use only)</i>							
Authorized Representative Name, First →		Name, Last →		Title →			
Telephone Number →		Fax Number →		E-mail →			
Section 2. Investment and Earnings Information							
The STIP Participant has the option to either reinvest their earnings or distribute earnings.							
Check one box only.							
Reinvest Earnings <input type="checkbox"/>				Distribute Earnings <input type="checkbox"/>			
Section 3. Authorized Delegates							
The Authorized Delegate(s) whose name(s) appears below is (are) authorized to purchase and sell shares in STIP for the Participant.							
Name, First →		Name, Last →		E-Mail →			
Name, First →		Name, Last →		E-Mail →			
Name, First →		Name, Last →		E-Mail →			
I hereby certify as the Authorized Representative of the STIP Participant that all of the information contained herein is true, accurate and complete as of the date hereof.							
Signature →				Date →			
Printed Name →				Title →			