Dear Customer,

Thank you for choosing E*TRADE Securities LLC ("E*TRADE") to assist in processing your employee stock options. Within two (2) business days of receiving the attached Employee Stock Option Authorization Exercise Form, we will contact your Stock Plan Sponsor ("Plan Sponsor") to confirm the grant information indicated on the form. Once all steps in the Checklist below have been completed and necessary confirmations are received, your E*TRADE account will be noted to permit you to exercise the options. This Employee Stock Option Exercise Form allows you to elect, either: (i) to hold the shares resulting from your exercise in your E*TRADE Brokerage Account; or (ii) to sell the exercised shares by contacting an E*TRADE Representative.

Once shares are exercised, applicable taxes and total exercise costs (as indicated by the Plan Sponsor) will be sent to the Plan Sponsor. If applicable, E*TRADE may charge a $125.00 processing fee¹ ("Processing Fee") for each completed exercise. This Processing Fee will be in addition to the standard brokerage commissions and applicable fees if you elect to sell shares. For details on commissions and fees due to E*TRADE please visit our fee schedule at www.etrade.com/fees. On settlement of the transaction, cash proceeds and/or shares will be deposited into your E*TRADE Brokerage Account.

CHECKLIST – APPLICATION MUST BE COMPLETED IN FULL AND ACCURATE TO AVOID DELAYS

E*TRADE Stock Plan Account Holders / Stock Plan Beneficiaries

☐ STEP 1: Complete Section 1 on the attached Employee Stock Option Authorization Exercise Form.

NOTE: If you are completing this form as the beneficiary of an E*TRADE Stock Plan Account Holder, ALSO complete Section 2 on the attached Employee Stock Option Authorization Exercise Form

☐ STEP 2: Sign Section 3 and submit your form by (i) uploading it online at documentupload.etrade.com; (ii) fax to: 1-703-236-4836; or (iii) mail to the address below. If you have any questions about how to complete the Employee Stock Option Authorization Exercise Form, please contact a customer service representative at 1-800-387-2331.

NON E*TRADE Stock Plan Account Holders

☐ STEP 1: Complete Section 1 on the attached Employee Stock Option Authorization Exercise Form.

☐ STEP 2: Have your Stock Plan Administrator (SPA) complete Section 4 prior to completing STEPS 3 and 4.

☐ STEP 3: If applicable, make sure your E*TRADE Brokerage Account is approved for margin trading. If you have not already secured margin trading capabilities, please go to the E*TRADE Online Service Center and download the Margin Account Upgrade form. Your account will be reviewed for margin trading capabilities and approved as appropriate. If your account is not approved, we will advise you on necessary next steps. (This requirement does not apply to beneficiaries of Stock Plan Account Holders.)

☐ STEP 4: Sign Section 3 and submit your form by (i) uploading it online at documentupload.etrade.com; (ii) fax to: 1-703-236-4836; or (iii) mail to the address below. If you have any questions about how to complete the Employee Stock Option Authorization Exercise Form, please contact a customer service representative at 1-800-387-2331.

Incorrect or incomplete information may cause delays in contacting your Plan Sponsor or confirming necessary information, either of which may delay the processing of your request.

E*TRADE Securities LLC
Attn: Cashless Exercise Department
P.O. Box 484
Jersey City, NJ 07303-0484

We appreciate the opportunity to serve your employee stock options needs and look forward to assisting you in the future. Should you have any questions please do not hesitate to contact a customer service representative at 1-800-387-2331.

Thank you,

E*TRADE Securities LLC

¹ In the unlikely event that E*TRADE Securities requires multiple executions to complete the transaction, you will be assessed a $125 processing fee for each individual execution.

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Section 1: TO BE COMPLETED BY E*TRADE SECURITIES CUSTOMER. Please type or print legibly.

Account Holder Name (first, middle initial, last)

☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.

Stock Plan Sponsor/Issuer Name

Company contact name and phone number

Your E*TRADE Securities brokerage account number:

Please provide additional information about the shares to be exercised:

Symbol or CUSIP

Number of shares

Exercise price per share

Grant number

Total expected exercise cost

Is the account set up for margin?

☐ Yes  ☐ No

Are these shares restricted and is their sale subject to compliance with Rule 144 of the Securities Act of 1933?

☐ Yes  ☐ No

Is the named option holder a control person subject to Section 16b of the Securities Exchange Act of 1934?

☐ Yes  ☐ No

Our credit policy requires the total equity in your account be equal to or exceed the total dollar amount of the stock options as a result of the exercise plus an additional 20% and the total cost of the wire in order to process an exercise and sell request. Otherwise, the request will not be processed.

This policy does not apply to stock options that are associated with any of our existing active Stock Plan Corporate Clients.

Please Choose One:

I will pay for the cost to exercise these options using the following method:

☐ Exercise and SELL: I understand I must contact an E*TRADE Representative by telephone at 1-800-387-2331 in order to sell the exercised shares. E*TRADE will not sell these shares based on instructions provided on this form or any other written instruction.

For Non-Stock Plan Corporate Clients: the necessary funds, as per the credit policy, are currently held in my E*TRADE Securities Account. Please use these funds to pay for the option exercise and any related taxes and fees.

For Stock Plan Corporate Clients: Please use the sale proceeds of the option exercise to pay for the option exercise and any related taxes and fees.

☐ Exercise and HOLD*: I understand that it may take up to five (5) business days for these shares to be reflected in my E*TRADE Brokerage Account. Once these shares are posted to my account I may sell them by accessing my account online. Please use available funds or available buying power to pay for the option exercise and any related taxes, if applicable.

*Not available for Beneficiary exercises

Continued on next page

EMPLOYEE STOCK OPTION EXERCISE FORM

Includes the following options:

- Exercise and Sell
- Exercise and Hold
Section 2: TO BE COMPLETED BY BENEFICIARY.

If you are completing this Employee Stock Option Authorization Exercise Form as the beneficiary of a Stock Plan Account Holder, please provide the information requested in this Section 2 below. As a beneficiary, you are not permitted to request an ‘exercise and hold’ stock option exercise method. By executing this form, you authorize E*TRADE to share your information with the Plan Sponsor administering the exercise on the options. Failure to provide complete and accurate information may result in the Plan Sponsor’s inability to provide you with important tax documents or other information related to your exercised options. If you have any questions, please contact us at 1-800-387-2331.

Beneficiary Name (first, middle initial, last)

Complete Address

<table>
<thead>
<tr>
<th>Social Security Number (SSN) or Tax Identification (TIN)</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Section 3: SIGN

AGREEMENT

I understand and acknowledge that I will contact an E*TRADE Representative by telephone if I wish to sell the shares deposited as a result of this stock option exercise. I understand and acknowledge that after the order to sell executes, I authorize E*TRADE to send funds derived from sale proceeds to the Plan Sponsor company in order to pay for the option exercise cost and any related taxes (as determined in the Plan Sponsor’s sole discretion). I understand and acknowledge that once I have completed Section 1 (and Section 2, if applicable) and the Plan Sponsor has completed Section 3, the company due and tax withholding amount will be sent directly to the Plan Sponsor. I understand that there will be a delay between the time I complete and submit this form and the time the stock option exercise and share deposit occurs. I agree to hold E*TRADE and its affiliates harmless for any and all liability associated with the market fluctuations during the time it takes to process these transactions. I understand and acknowledge that there may be tax consequences associated with this transaction, and I agree to hold E*TRADE and its affiliates harmless for any fluctuations in tax liability associated with delays in processing these instructions or receiving shares in clean, deliverable form from the transfer agent. I understand and acknowledge that E*TRADE and its affiliates do not and will not provide tax, legal or accounting advice. I understand and acknowledge that in order for a cash transaction to occur, my E*TRADE brokerage account must be approved for margin trading and as a result (and subject to the then in effect E*TRADE Customer Agreement and related documentation) may charge margin interest on the funds forwarded to the Plan Sponsor. I understand and acknowledge that E*TRADE may determine in its sole discretion whether the proposed transaction is eligible to serve as collateral for a margin loan. I understand and acknowledge that any sale related to this transaction may be subject to reversal at my expense if shares necessary to settle the transaction are not received promptly. I understand and acknowledge that a $125.00 processing fee may be applied for each exercise completed and that this fee is in addition to other applicable charges due as a result of this transaction. I understand and acknowledge that any proceeds from this transaction will not be available to me until E*TRADE has received shares in clean deliverable form. I represent and warrant to E*TRADE that I am the Stock Plan Account Holder, or the beneficiary of the Stock Plan Account Holder, named on this Employee Stock Option Authorization Exercise Form and that I am legally authorized to exercise the stock options as requested in this form.

X

Authorized Signature Date
Section 4: TO BE COMPLETED BY AUTHORIZED COMPANY AGENT. Please type or print legibly.

<table>
<thead>
<tr>
<th>Stock Plan Sponsor/Issuer Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Address</td>
</tr>
</tbody>
</table>

Plan Sponsor contact

Phone

E-mail address (required)

<table>
<thead>
<tr>
<th>Will the shares be delivered to E*TRADE via DWAC transfer? (Application will be rejected if No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the stock in clean, deliverable form? (application will be rejected if No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Amount of tax withholding will be supplied by company.

X

Signature of Plan Sponsor’s Authorized Date

We appreciate the opportunity to serve your employee stock options needs and look forward to assisting you in the future.

Sign Section 3 Submit your form by (i) uploading it online at documentupload.etrade.com; (ii) fax to: 1-703-236-4836; or (iii) mail to the address below. If you have any questions about how to complete the Employee Stock Option Authorization Exercise Form, please contact a customer service representative at 1-800-387-2331.

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Attn: Cashless Exercise Department
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