## STEP 1 - COMPLETE YOUR INFORMATION BELOW



## First Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Date of Birth


Last Name and Suffix

## STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.


Subtotal from Other Side

 | .$\square \square$ |
| :--- |
| .$\square$ |

Please mail this completed form to the following address:
OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819
To order additional products, please see reverse. Please mail the completed form back in the postage-paid envelope provided.

If you place your order using an order form, your order total will be applied to the quarter in which we receive your form. For example, if you mail your order form on June 29, but we receive it on July 1, your order total will be applied to your July benefit, not your June benefit.

## STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.


## Please mail the completed form back in the postage-paid envelope provided.

If you place your order using an order form, your order total will be applied to the quarter in which we receive your form. For example, if you mail your order form on June 29th, but we receive it on July 1st, your order total will be applied to your July - September quarterly benefit not your April - June benefit.

