



# Stock Transfer Form

(ONE PER ACCOUNT)

## SHAREHOLDER INFORMATION

Name as Registered on Your Shareholder Account \_\_\_\_\_  
 Your Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Your City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
 Your Daytime Phone Number \_\_\_\_\_ Your Shareholder Account or Taxpayer ID Number \_\_\_\_\_

Please sign below, in the presence of Medallion Signature Guarantor, exactly as your name(s) appear on your account. If the shares are jointly held, all Joint Owners must sign.

**X** Shareholder Signature \_\_\_\_\_ Date \_\_\_\_\_  
**X** Joint Owner Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE(S) OF AGENT(S) (IF Not Registered Owner) – MUST CHECK CAPACITY OF AGENT BELOW. TRANSFER WILL BE REJECTED IF CAPACITY NOT CHECKED.**  
 \_\_\_ Administrator \_\_\_ Conservator \_\_\_ Custodian \_\_\_ Executor \_\_\_ Trustee  
 \_\_\_ Guardian \_\_\_ Personal Representative \_\_\_ Surviving Joint Tenant  
 \_\_\_ Appropriate Person by Small Estate Affidavit \_\_\_ Corporate Officer  
 \_\_\_ Power of Attorney \_\_\_ Designated by Court Order \_\_\_ General Partner  
 \_\_\_ Beneficiary under TOD \_\_\_ Minor Who Has Reached Age of Majority

I hereby irrevocably constitute and appoint CFC Shareholder Services as my attorney-in-fact to transfer the following shares on the books of the Cincinnati Financial Corporation with full power of substitution, and hereby sell, assign, transfer and convey the shares shown below:

DRP Shares \_\_\_\_\_  
 Certificate Shares \_\_\_\_\_ Certificate Number \_\_\_\_\_  
 DRS Shares \_\_\_\_\_  
 Transfer "ALL" Shares (Transferring all shares will close your account.)

**\*\*\*IMPORTANT NOTE\*\*\***

To process your transfer, your signature(s) must be guaranteed by a Financial Institution that is a member of the Medallion Signature Guarantee Program. Without it, your transaction will be returned to you.

PLACE MEDALLION STAMP HERE:

Is the purpose of this transfer:

A gift  A re-registration having no change on taxpayer reporting (i.e., name change, adding additional owner, adding TOD beneficiary, etc.)  
 An inheritance due to death. The date of death was \_\_\_\_\_ and the Fair Market Value Price per share for cost basis is \$\_\_\_\_\_  
 A private transfer or sale.

## RECIPIENT INFORMATION

Please select the type of account for which you are transferring shares to: (select one)  
 To avoid processing delays, please provide all information requested. We return incomplete requests.

<input type="checkbox"/> <b>INDIVIDUAL/JOINT*</b>	<input type="checkbox"/> <b>CUSTODIAL FOR A MINOR</b>	<input type="checkbox"/> <b>TRUST</b> (Copy of trust must be included)
Name	Name of Custodian (only one)	Trustee(s)
Joint Owner (if any)	Name of Minor	
Social Security Number for tax reporting	Minor's State of Residence	Name of Trust
Social Security Number for Joint Owner (if any) <small>*Assumes joint tenant with right of survivorship</small>	Social Security Number of Minor	
<input type="checkbox"/> <b>CHARITY/OTHER</b>	<input type="checkbox"/> <b>TRANSFER ON DEATH (TOD)</b>	Date of Trust
Name of Organization/Registration	Name of Owner	Beneficiary of Trust (if applicable)
	Transfer on Death Beneficiary Name (only one)	Social Security Number or Taxpayer ID Number
Taxpayer ID Number or Social Security Number	Social Security Number of Owner	

**Address Information:** (We send statements and other account information to this address):

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
**Is this transfer to an existing account?**  No  Yes Account Number (if known): \_\_\_\_\_

## TYPES OF SHARES AFTER TRANSFER

Safekeep shares in DRP (Set up for full reinvestment.)  Safekeep shares in DRS (Cash Dividends/Direct Deposit of Dividends) Attach voided check.

## MEDALLION SIGNATURE GUARANTEE INFORMATION

We must have the signature guarantee of all registered shareholders, exactly as the name(s) appear(s) on the account.

ALL SIGNATURES MUST BE GUARANTEED BY A FINANCIAL INSTITUTION THAT IS A MEMBER OF THE "MEDALLION SIGNATURE GUARANTEE PROGRAM" (inquire at your financial institution; for example, bank, broker, savings and loan).

**Notary Public and Attorney guarantees are not acceptable.  
IMPROPERLY GUARANTEED FORMS OR PHOTOCOPIES OF MEDALLION STAMPS WILL BE REJECTED.**

(NOTE: The ink color of the Medallion Signature Stamp must conform to industry standards. Black ink and photocopies are not acceptable.)

\*\*Please mail unendorsed certificates along with this request to the following address:

CINCINNATI FINANCIAL CORPORATION  
ATTN: SHAREHOLDER SERVICES  
P.O. BOX 145496  
CINCINNATI, OH 45250-5496