



Class B Account Information Change Form

For Internal Use Only: Create as Ownership Change | Restricted | Issue # MCA2

Please provide all information requested in this form.

Please check all boxes that apply below:

- New Authorized Contact Request – Complete Parts I, II, V, VI, and VII
- Mailing Address Change – Complete Parts I, III, VI, and VII
- New Stockholder Account Name – Complete Parts I, II, IV, V, VI, and VII
- Shareowner Online Maintenance Request – Complete Parts I, V, VI, and VII

Part I: Current Account Information

10 Digit EQ Account Number

Please enter your institution's EQ Shareowner Services account number.

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Current Registration

Please print or type the name of your institution as it appears on the records of EQ Shareowner Services.

Account Name

Address

City, State/Province

Country, ZIP Code/Country Code

Mastercard Customer ID Number (CID) *if known*

Part II: New Authorized Contact Request

In order to update the Authorized Contact on the records of EQ Shareowner Services, please print or type the requested information below.

New Contact Name

Email Address

New Contact Title

Fax Number

Telephone Number

Part III: Mailing Address Change

In order to update the mailing address on the records of EQ Shareowner Services, please print or type the requested information below.

New Account Address

City, State/Province

Country, ZIP Code/Country Code

Part IV: New Stockholder Account Name

Please obtain the appropriate W8 or W9 tax form, complete it and attach it to this Account Information Change Form. Updated Taxpayer ID certification is required for all stockholders performing an account name change.

Type or print your institution's new legal name exactly how it appears on the Licensing records of Mastercard below.

New Account Registration Name

New Account Address

New CID Number

City, State/Province

Country, ZIP Code/Country Code

Part V: Shareowner Online Maintenance Request

In order to request maintenance to your institution's Shareowner Online access, please check the appropriate box below.

- My institution has assigned a new authorized contact as indicated in Part II above. Please establish access to Shareowner Online and send sign on instructions to the New Authorized Contact via email.

- I am the current Authorized Contact for my institution, but I no longer have my sign on information. Please reset my access to Shareowner Online and send sign on instructions to me via email.

Part VI: Signature of Authorized Contact

The below Authorized Contact warrants and represents that (i) he/she is a duly appointed and qualified officer of the Shareholder Account identified herein, (ii) as such an officer, he/she is authorized to sell, assign, transfer and/or deliver any and all stocks, bonds or other securities now or hereafter registered in the name of the Shareholder Account, and (iii) he/she has read and agrees to the Sale Plan Terms defined below. If the instruction below is executed by a contact other than the Authorized Contact, you must present this original form and supporting documentation which confirms the individual(s) authority to sell, assign, transfer and/or deliver securities on behalf of your institution.

1. Print Name

2. Date

3. Title

4. Email

5. Signature of Authorized Contact

X _____

6. Place Medallion or the Signature guarantee legal equivalent in your jurisdiction, e.g. Apostille or legalization, in space above (required). Do **not** date the guarantee. If you are outside the US and cannot obtain a Medallion or an Apostille, you may submit these forms via email to RMTeam@Equiniti.com and confirm these instructions with an MT599 SWIFT message.

7. Place Corporate Seal in space above (required) or write that there is no corporate seal.

Part VII: Officer's Certificate (see instructions on page 3)

The below Officer Certificate section should be completed in its entirety. The below Authorized Officer is attesting that the above authorized contact is identified on the records of EQ Shareowner Services and is authorized to sell, assign, transfer and/or deliver any and all stocks, bonds or other securities now or hereafter registered in the name of the Shareholder Account. Instructions for completion of the following Officer Certificate are found below on page 5.

The undersigned officer certifies that he/she is the _____ of _____,
1. TITLE 2. COMPANY NAME

a _____ (the "Company"), and that, as such, _____ he/she is authorized to
3. JURISDICTION & ORGANIZATION TYPE 4. TITLE

execute and deliver this certificate in the name and on behalf of the Company. The undersigned officer hereby certifies the following:

1. That _____, _____ is presently a duly
5. NAME OF AUTHORIZED CONTACT 6. TITLE OF AUTHORIZED CONTACT
appointed and qualified officer of the Company; and

2. That said officer is duly authorized to request information, change addresses on accounts, request replacement checks, or manage any aspect of the Company's shareholdings of Mastercard Incorporated.

IN WITNESS WHEREOF, the undersigned has executed this Certificate effective as of _____, 20_____.

Authorized Officer Signature (required)

7. COMPANY LEGAL NAME

X _____
8. SIGNATURE

9. NAME

10. TITLE

Instructions for Part VI

Please follow the steps below in order to complete the Authorized Contact Signature.

1. Please insert the name of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
2. Please insert the date of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
3. Please insert the title of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
4. Please insert the email address of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
5. Please insert the signature of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
6. The Authorized Contact Signature must be Medallion Guaranteed or notarized with the Signature Guarantee or the legal equivalent available in your jurisdiction, e.g. Apostille or legalization.

If you are outside the US and cannot obtain a Medallion or an Apostille, you may submit these forms via email to RMTeam@Equiniti.com and confirm these instructions with an MT599 SWIFT message. Please send the SWIFT message MT599 to Equiniti Financial Services Limited's SWIFT Bank Identifier Code (SWIFT BIC), EQFIGB33. If you have not already authenticated your bank with Equiniti Trust Company you will need to complete the RMA process prior to sending the SWIFT message MT599. Equiniti Trust Company (EQ Shareowner Services) will take action in accordance with your instructions only after both the SWIFT message MT599 and this form have been received. Please note that documents submitted without the Medallion Stamp or Apostille will need to be authenticated by Mastercard Incorporated, which may delay processing.

7. The Authorized Contact Signature must have a Corporate Seal or a notation that there is no Corporate Seal, and be accompanied with the Medallion or Signature Guarantee. (See Number 6.)

Instructions for Part VII

Please follow the steps below in order to complete the Officer's Certificate.

1. Please insert the title of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
2. Please insert the legal name of your financial institution as it is reflected on the records of EQ Shareowner Services.
3. Please insert the jurisdiction in which your financial institution is organized and your institution's organization type (e.g., "a Delaware corporation").
4. As in instruction 1, please insert the title of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
5. Please insert the name of the person authorized to request information, change addresses on accounts, request replacement checks, or manage any aspect of your institution's shareholdings in Mastercard Incorporated. *Please note that the Officer's Certificate cannot be signed by the same individual that will be acting as the Authorized Contact.*
6. Please insert the title of the person authorized to request information, change addresses on accounts, request replacement checks, or manage any aspect of your financial institution's shareholdings in Mastercard Incorporated.
7. Please insert the legal name of your financial institution as it is reflected on the records of EQ Shareowner Services.
8. Please have the Officer's Certificate signed by a person with the authority to execute and deliver the Officer's Certificate on behalf of your financial institution. Please print or type, in the spaces provided, the name and title of the person who signs the certificate. Please note that the *Officer's Certificate cannot be signed by the same individual that will be acting as the Authorized Contact.*
9. Please insert the name of the authorized officer executing the Officer's Certificate in the name and on behalf of your financial institution.
10. Please insert the title of the authorized officer executing the Officer's Certificate in the name and on behalf of your financial institution.

Delivery Instructions

Please return the completed form to EQ Shareowner Services as follows (for shareholders inside the US):

Via Mail:

EQ Shareowner Services
Attn: Mastercard Processing
PO Box 64874
Saint Paul MN 55164
USA

Via Courier:

EQ Shareowner Services
Attn: Mastercard Processing
1110 Centre Pointe Curve, Suite 101
Mendota Heights MN 55120
USA

Shareholders outside the US may email the forms to: RMTeam@Equiniti.com, and confirm the instructions with an MT599 Swift message. Please note that instructions received this way will be reviewed by EQ Shareowner Services and Mastercard Incorporated which may delay processing.

If you have questions, or require assistance completing this form please contact EQ Shareowner services toll free at 1-800-837-7579, or from outside the U.S. at +1-651-450-4064. Our Representatives are available to assist you Monday through Friday from 7:00 am to 7:00 pm Central Time. Translation operators are available.