

# Confirmation of Enrollment in Dividend Reinvestment Program

Date: [Insert Date]

[Shareholder's Name]

[Shareholder's Address]

[City, State, Zip Code]

Dear [Shareholder's Name],

We are pleased to confirm your enrollment in our Dividend Reinvestment Program (DRIP). As a participant, dividends from your shares in [Company Name] will be automatically reinvested in additional shares of the company's stock.

Details of your participation are as follows:

- Account Number: [Insert Account Number]
- Enrollment Date: [Insert Enrollment Date]
- Dividend Payment Frequency: [Insert Frequency]

By participating in the DRIP, you can benefit from the power of compound growth as your dividends are reinvested into additional shares over time. Should you have any questions regarding your enrollment or the program itself, please do not hesitate to contact us at [Company Contact Information].

Thank you for your continued support and investment in [Company Name].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]