

# Enrollment in Dividend Reinvestment Plan

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Enrollment in Dividend Reinvestment Plan

Dear [Company Name] Investor Relations,

I am writing to formally enroll in your Dividend Reinvestment Plan (DRIP) effective as of [Insert Effective Date]. My details are as follows:

Account Name: [Your Account Name]

Account Number: [Your Account Number]

Shareholder Registration: [Your Registration Details]

I understand that by enrolling in the DRIP, my dividends will be automatically reinvested in additional shares of [Company Name].

Please confirm my enrollment at your earliest convenience. Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]