

**AUTHORIZATION FORM**

**Dividend Reinvestment and Common Stock Purchase Plan**  
for  
**Oritani Financial Corp**

I hereby appoint Continental Stock Transfer & Trust Company ("Continental"), or its successor as appointed by The Company, as my Agent, subject to the terms and conditions of the Dividend Reinvestment and Common Stock Purchase Plan ("Plan") as set forth in the accompanying Plan Description, receipt of which is hereby acknowledged. I authorize Continental, as such Agent, to apply my dividends and distributions as selected below and such cash deposits as it may receive from me toward the purchase of full and fractional shares of The Company's Common Stock.

I wish to enroll in the Dividend Reinvestment & Commons Stock Purchase Plan as indicated below. **I understand that my cash payments may be no less than \$50.00 and no more than \$5,000.00 per month.**

\_\_\_\_\_ **Dividend Reinvestment** --- I wish to apply dividends on all shares of The Company's Common Stock registered in my name to purchase additional shares.

\_\_\_\_\_ **Partial Reinvestment** --- Reinvest Dividends on \_\_\_\_\_% of shares and receive cash dividends on the rest of Shares of record.

\_\_\_\_\_ **Cash Payments** --- Enclosed is a cash payment in the amount of \$ \_\_\_\_\_ (\$50.00 minimum (or \$250.00 in the case of your initial investment) or as much as \$5,000.00)

\_\_\_\_\_ **Automatic Monthly Deductions** --- I authorize the monthly deduction of \$ \_\_\_\_\_ from the bank deposit account indicated below and on the **attached voided check**. (\$50.00 minimum or as much as \$5,000.00 per month).

**Bank Account Type - Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

**Bank Account # to Debit** \_\_\_\_\_

**Bank ABA Routing # (9 digits)** \_\_\_\_\_

I authorize The Company to pay to Continental for my account all cash dividends on the shares indicated hereon and/or accept cash payments for the purpose of purchasing additional shares of the Company's common stock for my benefit. This appointment and authorization is given with the understanding that, subject to the procedures established under the Plan, I may terminate my participation in the Plan by so notifying Continental in writing.

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

SS # or Taxpayer ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth \_\_\_\_\_