

**The First of Long Island Corporation  
Dividend Reinvestment and Stock Purchase Plan**

**ENROLLMENT AND AUTHORIZATION FORM**

I hereby appoint Continental Stock Transfer & Trust Company ("Continental"), or its successor as appointed by The First of Long Island Corporation ("Company"), as my Agent, subject to the terms and conditions of the Dividend Reinvestment and 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.

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I wish to enroll in the Dividend Reinvestment & Stock Purchase Plan as indicated below. **I understand that my cash payments may be no less than \$50 and no more than the current quarterly maximum amount as established by the Board of Directors.**

\_\_\_\_\_ **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 my shares of record.

\_\_\_\_\_ **Cash Payments** --- Enclosed is a cash payment in the amount of \$ \_\_\_\_\_ (\$50 minimum or as much as the current quarterly maximum amount).

\_\_\_\_\_ **Automatic Quarterly Deductions** --- I authorize quarterly deduction of \$ \_\_\_\_\_ from the bank deposit account indicated below and on the **attached voided check**. (\$50 minimum or as much as the current quarterly maximum amount).

**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 herein 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: \_\_\_\_\_