

STOCK PURCHASE & DIVIDEND REINVESTMENT PLAN

Enrollment Form (see reverse for account guidelines)

By signing this form, I (we) request enrollment, certify that I (we) have received and read the Prospectus describing the Old National Bancorp Amended and Restated Stock Purchase and Dividend Reinvestment Plan, (the "Plan") and agree to abide by the terms and conditions of the Plan. I (We) hereby appoint Continental Stock Transfer & Trust Co (the "Plan Administrator") to apply any cash investments I (we) may make and any dividends that I (we) direct to the purchase of shares under the Old National Bancorp Plan. I (We) further understand that if I (we) do not select one of the participation options below, I (we) will automatically be enrolled in Full Dividend Reinvestment.

Full Reinvestment All dividends reinvested

Partial Reinvestment # of shares to be reinvested

Cash Investment Only All dividends paid in cash

Dividend check to be paid on all remaining shares _____

NEW SHAREHOLDER - I (We) wish to enroll by depositing an initial cash Investment. Enclosed is a check for \$ _____
(\$500 minimum and \$15,000 per month maximum¹) made payable to the Old National Bancorp Stock Purchase and Dividend Reinvestment Plan.

BANK DRAFT (complete forms below)

_____ Name(s)	_____ Social Security Number(s)/Tax ID#
_____ Address / /	_____ Signature of Shareholder
_____ Date(s) of Birth	_____ Signature of Shareholder
_____ Daytime Telephone	

BANK DRAFT AUTOMATIC MONTHLY INVESTMENT AUTHORIZATION

I (We) authorize the Plan Administrator to initiate monthly withdrawals from my (our) account at the financial institution below, by electronic funds transfer and to apply those funds to the Plan account specified herein, for the purchase of Old National Bancorp common stock. I (We) also authorize the Plan Administrator to initiate corrections to any amounts transferred in error and I (we) waive any claim, without limitation, against Old National Bancorp, the Plan Administrator or my (our) financial institution with respect to the operation of this service.

This authorization will remain in effect until I (we) give written notice to terminate or revise it. I (We) understand that both the Plan Administrator and my (our) financial institution reserve the right to terminate this service or my (our) participation therein.

I (We) understand that I (we) bear the responsibility for notifying the Plan Administrator of changes in financial institution information by providing the Plan Administrator with a new Bank Draft Automatic Monthly Investment Authorization form revising these instructions. I (We) will allow the Plan Administrator a reasonable amount of time for initiating, revising or canceling such Bank Draft.

ALL BANK ACCOUNT HOLDERS MUST SIGN AND COMPLETE THE FORM BELOW

_____ Social Security Number(s)/Tax ID#	_____ Daytime Telephone	_____ Date
_____ Signature of Bank Account Holder	_____ Signature of Bank Account Holder	

BANK DRAFT - AUTOMATIC MONTHLY INVESTMENT AUTHORIZATION

(Your Financial Institution must be a member of the Automated Clearing House (ACH) Network)

_____ Name of Financial Institution	_____ Name on Bank Account
_____ Address of Financial Institution	_____ Telephone Number of Financial
_____ Bank Account Number	Institution <input type="checkbox"/> Checking ² <input type="checkbox"/> Savings ³
_____ Routing Number (nine digit number on bottom of check or savings deposit slip)	
_____ For Existing Shareholders: Shareholder Account Number	
_____ Monthly Cash Payment Amount (\$25 minimum and \$15,000 maximum per month)	

Plan Administrator:
Continental Stock Transfer & Trust Co.
1 State Street 30th Floor
New York, N.Y. 10004-1561

¹See plan prospectus (question 13) for details pertaining to request for waiver purchases in excess of \$15,000. ²Checking Account - Attach a voided check. ³Savings Account - Attach a deposit slip.

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 OLD NATIONAL BANCORP®

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NASDAQ: ONB

continentalstock.com

1-800-677-1749

M56(08/18)

ACCOUNT REGISTRATION GUIDELINES

Single/Joint

Joint accounts will be registered as joint tenants with right of survivorship and not as tenants in common, unless otherwise indicated or restricted by applicable state law. **The Social Security number of the first owner listed should be provided.**

Example

“John R. Doe”

“John R. Doe and Jane S. Doe”

Custodial

A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Transfer to Minors Act in the minor’s state of residence. **The minor’s Social Security number must be provided.**

Example

“Jane S. Doe as Custodian for Susan F. Doe under the Uniform Transfer to Minors Act”

Trust

An account established in accordance with the provisions of a trust agreement. To establish a trust account, please provide a copy of the first and last pages of the trust agreement with this enrollment form.

Example

“John R. Doe as Trustee of the John R. Doe Trust dated 3/16/89”

Questions & Correspondence

If you have any questions, you may contact our Plan Administrator at 1-800-677-1749.