

7501 Wisconsin Avenue Bethesda, Maryland 20814-6522 (301) 986-6200 • www.saulcenters.com

DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN

AUTHORIZATION FORM

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STEP # 1:	If you wish to enroll your stock dividend, partnership distribution, or both in the Plan, you must check one or both of the boxes below and then proceed to Steps 2 and 3, as appropriate. By checking one or both boxes, you also consent to the authorization statement in the paragraph below. If you do not wish to enroll any dividends or distributions in the Plan, do not check either box and discard this Authorization Form.				
	☐ Common Stock holders: I hereby enroll in the Plan the dividends on my shares of Common Stock as designated below in Step # 2.				
	Partnership Interest holders: I hereby enroll in the Plan the cash distributions on my Partnership Interest as designated below in Step # 3.				
Centers, Individends a and/or the I Company to in shares of	the Dividend Reinvestment and Stock Purchase Plan of Saul Centers, Inc. (the "Plan"), I hereby authorize Saul c. (the "Company") to appoint Continental Stock Transfer & Trust Company as my agent to receive any cash and/or cash partnership distributions that hereafter become payable to me on the shares of Common Stock Partnership Interest as specifically designated below. I further authorize Continental Stock Transfer & Trust capply such dividends and/or partnership distributions to the purchase of full shares and fractional interests the Company's Common Stock, as set forth below. Capitalized terms not otherwise defined in this form shall me meaning as in the Plan.				
STEP # 2:	If you have elected to enroll your Common Stock, please select one of the following boxes:				
	 □ Full Dividend Reinvestment. I authorize the automatic investment of all the cash dividends on all the shares of Common Stock registered in my name to purchase Common Stock. □ Partial Dividend Reinvestment. I authorize the automatic investment of all the cash dividends on the following shares of Common Stock registered in my name to purchase Common Stock: 				
STEP #3:	If you have elected to enroll your Partnership Interest, please select one of the following boxes:				
	Full Distribution Investment. I authorize the automatic investment of all the cash distributions on the Partnership Interest registered in my name to purchase Common Stock / Partnership Units (select either stock or units by circling).				
	Partial Distribution Investment. I authorize the automatic investment% of the cash distributions on the Partnership Interest registered in my name to purchase Common Stock / Partnership Units (select either stock or units by circling).				
understand	that, if I select one or both of the investment options, all cash dividends paid on the whole or fractional				

I understand that, if I select one or both of the investment options, all cash dividends paid on the whole or fractional shares of Common Stock purchased pursuant to the Plan will be reinvested automatically to purchase additional Common Stock or Partnership Units.

I further understand that the purchases authorized above will be made under the terms and conditions of the Plan and that I may revoke this authorization at any time by notifying Continental Stock Transfer & Trust Company, in writing, of my desire to terminate my participation.



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RETURN THIS I	FORM ONLY IF	YOU WISH TO	PARTICIPATE IN	THE PLAN
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Please Print Name (s) as Shown on Stock Certificate or on Exhibit A to the Agreement of Limited Partnership of Saul Holdings Limited Partnership	Signature (s)		
in the second	de service .	- Maga-	
Please Print Name (s) as Shown on Stock Certificate or on Exhibit A to the Agreement of Limited Partnership of Saul Holdings Limited Partnership	Signature (s)		
Date Telephone	Number		
Street Address			***************************************
City St	ate	Zip	

MAIL THIS FORM TO:

Continental Stock Transfer & Trust Company Attention: Saul Centers, Inc. Dividend Reinvestment Plan 17 Battery Place New York, NY 10004