



PSB HOLDINGS, INC. DIRECT STOCK PURCHASE PLAN ACCOUNT ENROLLMENT AND OPTIONAL CASH CONTRIBUTION FORM

- **For New Account Shareholders- Registration and Mailing Address**

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

DATE _____

- **Social Security or Taxpayer ID Number** _____

- **For Existing Account Shareholder – Existing Registration**

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____

PHONE NUMBER _____

1. DIVIDEND OPTIONS – These options are described in the prospectus

Full dividend reinvestment and optional cash investments.

Partial dividend reinvestment and optional cash investments.

Reinvest dividends on _____ percent (minimum 10%) of shares held in the Plan and receive cash dividends on the remaining shares.

Receive cash dividends on all shares.

2. INITIAL INVESTMENT ENCLOSED \$ _____

(Make check payable to Continental Stock Transfer and Trust Company)

Non-shareholders of PSB Holding, Inc. must enclose an initial investment to open their plan account. The minimum initial investment is \$100.00 and the maximum quarterly investment is \$1,000.00.

3. MONTHLY INVESTMENT ENCLOSED \$ _____

(Make check payable to Continental Stock Transfer and Trust Company)

Existing shareholders of PSB Holding, Inc. may send in optional cash investments to purchase shares on a quarterly basis. The minimum investment is \$100.00 with the maximum quarterly investment of \$1,000.00.

4. AUTOMATIC ELECTRONIC INVESTMENT \$ _____

(Quarterly deductions can be between \$100.00 and \$1,000.00)

The automatic electronic investment feature of the Plan provides you with a convenient method to add to your investment in PSB Holding, Inc. The feature allows you to transfer money on a quarterly basis from your checking or savings account to your plan automatically. Your bank account will be debited approximately 5 business days prior to the investment date. (Please fill below banking information or attached a voided check.)

BANK NAME _____

Account Type: Checking _____ Savings _____

BANK ABA/ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

NAME ON BANK ACCOUNT _____

5. SIGNATURES- If joint account, each joint owner must sign.

(Your signature(s) indicate that you have read and understand the terms of the Plan Prospectus and authorized the terms of the plan indicated on this form.)

Return the completed and signed form to drp@continentalstock.com or mail to:
Continental Stock Transfer & Trust
Attn: Dividend Reinvestment
1 State Street, 30th Floor
New York, NY 10004-1561

If you require further assistance, please do not hesitate to contact us:
Phone: 800-509-5586, Monday through Friday, 8:00AM to 6:00PM, Eastern Time
Email: drp@continentalstock.com