



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

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- **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 monthly 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 monthly basis. The minimum investment is \$100.00 with the maximum monthly investment of \$1,000.00.

**4. AUTOMATIC ELECTRONIC INVESTMENT \$ \_\_\_\_\_**

(Monthly 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 monthly 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 and attach 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.)

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Return the completed and signed form to [drp@continentalstock.com](mailto:drp@continentalstock.com) or mail to:

Continental Stock Transfer & Trust

Attn: Dividend Reinvestment

1 State Street, 30<sup>th</sup> 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](mailto:drp@continentalstock.com)