

Dividend Reinvestment and Stock Purchase Plan Authorization Form



Jonestown Bank & Trust Co.

bankjbt.com

c/o Computershare

Attn: Dividend Reinvestment Dept.

P.O. Box 505000

Louisville, KY 40233

To participate in the Jonestown Bank & Trust Company Dividend Reinvestment and Stock Purchase Plan, complete and sign the reverse side of this authorization form and return it in the enclosed envelope.

Name 1

Name 2

Street Address

City/State/Zip Code

Daytime Telephone Number

()

Social Security Number

_____ - _____

NOTE: Return this form only if you wish to participate in the Plan. To enroll in the plan, please return between the 1st and 21st days in the months of January, April, July and October corresponding to the months when dividends are paid.

This will authorize Jonestown Bank & Trust Company to forward to the Plan Administrator all or a portion of the dividends you receive on Jonestown Bank & Trust Company common stock to be invested, together with any voluntary cash contributions you make (from \$75.00 to \$15,000.00 per calendar quarter) to purchase additional shares of Jonestown Bank & Trust Company common stock. All investments and any voluntary cash contributions are made subject to the terms and conditions of the Plan.

This authorization and appointment are given by you with the understanding that you may terminate them at any time by notifying the Plan Administrator.

Full Dividend Reinvestment — Please reinvest under the Plan the dividends on all shares of Jonestown Bank & Trust Company common stock that I currently own as well as all future shares that I acquire, including shares that I am permitted to acquire through the Plan with optional cash payments.

Partial Dividend Reinvestment — I want cash dividends payable on _____ shares of common stock of the company currently registered in my name, to be applied towards the purchase of shares of common stock

Purchase Optional Additional Shares (Pick Only one Option Below)

Optional Cash Purchase. Amount \$_____ (min. \$75 and max. \$15,000) Please enclose check.

Automatic Withdraw from checking or savings. Amount \$_____ (min. \$75 and max. \$15,000) This Withdraw will continue each quarter until cancelled.

Complete this section only for automatic withdraw, and return it along with a voided check for checking accounts or a preprinted deposit slip for savings accounts. Deductions will occur on or around the 30th of January, April, July and October if the 30th is not a business day then the next business day will be used.

Type of Account:

Checking

Savings

Financial Institution RT/ABA Number: _____

Checking/Savings Account Number: _____

Safekeeping — Deposit the enclosed _____ shares of Jonestown Bank & Trust Company stock for safekeeping.

Mail completed form to:

Computershare

P.O. Box 30170

College Station TX 77842

Attention: Dividend Reinvestment Dept. / Jonestown Bank & Trust Company

Please sign exactly as name(s) appear on the stock certificate(s). If shares are held jointly, all holders must sign.

Signature

Date

Signature (if necessary)

Date