



Oregon Coast Bank

OREGON COAST BANCSHARES, INC.
PO BOX 2280
NEWPORT, OR 97365
(541)265-9000

Joint – Will be presumed to be joint tenants with rights of survivorship unless restricted by applicable state law or otherwise indicated.

Custodial – A minor is the beneficial owner of the account with an adult custodian managing the account until the minor comes of age, as specified in the Uniform Gift/Transfer to Minors Act in the minor’s state of residence. Please note that both the minor’s and custodian social security number must be provided.

Trust – Account is established in accordance with the provisions of a trust agreement.

Dividend Reinvestment Plan – Initial Enrollment Plan

Account Legal Registration (Choose One)

- Single/Joint Custodial Account Trust

Account Information:

Name, Custodian Name, or Full Trust Name

Joint Owner (if any), Minor’s Name, or Trustee(s) Name

Date of Birth(Primary Account Holder/Minor)

Date of Birth (Joint Account Holder/Custodian)

Minor’s State (if applicable)

Social Security Number (SSN) (Primary Account Holder/Minor)
Or Employer Identification Number (EIN)

Social Security Number (SSN) (Joint Account Holder/Custodian)

Street Number

Street Name

Apt./Unit Number

City/Town

State/Province

Postal Code

Country

Home Telephone Number

Business Telephone Number

Please refer to the plan prospectus before enrolling

Check one box only. If you do not check any box, the FULL DIVIDEND REINVESTMENT will be assumed. If the plan permits, you may make optional cash investments at any time under each of the participation options below.

- Full Dividend Reinvestment**
Please mark this box if you wish to reinvest all dividends that become payable on this account, on all stock now held or any future holdings, including shares purchased with optional cash investments.

- Partial Dividends Paid in Cash**
Please mark this box and specify the number of whole shares on which you wish to receive dividend payments in cash. The dividends on all remaining shares or any future holdings, including shares purchased with optional cash investments, will be reinvested.

Under penalties of perjury, I certify that: **1.** The number shown on this form is my correct taxpayer identification number, and **2.** I am not subject to backup withholding because (a) I am exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding, and **3.** I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest and dividends on your tax return.

By participating in the plan, I agree to be bound by the terms and conditions of the prospectus that governs the plan. I have read and fully understand the terms and conditions of the prospectus. I further agree that my participation in the plan will continue until I notify Oregon Coast Bancshares, Inc. in writing that I desire to terminate my participation in the plan. Upon providing such notification, I acknowledge that my withdrawal from the plan will be subject to the terms and conditions of the prospectus that governs the plan. By signing this form, I am certifying that I am of legal age in the state or country of my residence.

Enrollment forms will be processed within 5 business days of receipt. Confirmation of enrollment will not be mailed; however a transaction statement will be mailed once there is activity in your account. If you would like to confirm your enrollment in the plan, please call us at the number referenced on the front page.

To be valid, this form must be signed by all account holders.
The Internal Revenue Service does not require your consent to provide any provision of this document other than the certifications required to avoid backup withholding.

Please Return completed form to: Oregon Coast Bancshares, Inc.
PO BOX 2280
Newport, OR 97365

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Signature 1 – Please Keep signature within the box

Signature 2 – Please keep signature within the box

Date – (mm/dd/yyyy)