



Account Authorization Form Shareowner Service Plus Plan

Please print all items except signatures. *QUESTIONS?* Call toll-free 1-800-468-9716 or 651-450-4064 from 7 a.m. to 7 p.m. Central Time, Monday through Friday. Mail your completed Account Authorization Form in the courtesy envelope provided to Shareowner ServicesSM, PO Box 64856, St. Paul, MN 55164-0856.

A. Enrolling in the Plan

IMPORTANT NOTE: If you are a new investor (non-stockholder), the initial investment minimum of \$250 will be waived if you elect to have your cash contribution automatically withdrawn from your checking or savings account each month. The automatic cash investment minimum of \$25 will still apply.

I AM A CURRENT REGISTERED STOCKHOLDER – Please provide your 10 digit Account Number (if known): _____

- I **am** a current Stockholder and **wish** to enroll in the plan and have \$_____ (\$25 minimum) automatically withdrawn from my checking or savings account each month. **Complete sections B, C, D, E and F.**
- I **am** a current Stockholder and **wish** to enroll in the plan and make an optional cash investment of \$_____ (\$25 minimum). I have included a check made payable to Shareowner Services. **Complete sections B, C, E and F.**
- I **am** a current Stockholder and **wish** to enroll in the plan and have my dividends reinvested. I **do not** wish to make an additional cash investment at this time. **Complete sections B, C, E and F.**

I AM NOT A CURRENT REGISTERED STOCKHOLDER (FOR NEW INVESTORS OR INVESTORS THAT HAVE STOCK HELD BY A BROKER)

- I **am not** a current Stockholder and **wish** to enroll by having \$_____ (\$25 minimum) automatically withdrawn from my checking or savings account each month. **I have included a check for at least \$25 to cover the first optional cash investment plus \$10 to cover the enrollment fee**, made payable to Shareowner Services. **Complete sections B, C, D, E and F.**
- I **am not** a current Stockholder and **wish** to enroll by making an initial investment of \$_____ (\$250 minimum) **plus an enrollment fee of \$10**. I have included a check in the amount of the initial investment and enrollment fee, made payable to Shareowner Services. **Complete sections B, C, E and F.**

B. Account Registration and Mailing Address – TYPE OF ACCOUNT: (CHOOSE ONLY ONE) – PROVIDE ALL REQUESTED INFORMATION

Joint – Will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated. Only one (1) social security number is required for tax reporting.

Custodial – A minor is the beneficial owner of the account with an adult Custodian managing the account until the minor reaches legal age, as specified in the Uniform Gift/Transfer to Minor's Act.

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

Corporation, Partnership, or other Entity – Please contact us if you have questions regarding proper registration.

<input type="checkbox"/> Individual/Joint Owner's First Name MI Last Name Joint Owner's First Name MI Last Name Joint Owner's First Name MI Last Name	<input type="checkbox"/> Custodial Custodian's First Name MI Last Name Minor's First Name MI Last Name <input type="checkbox"/> Uniform Transfer to Minors Act <input type="checkbox"/> Uniform Gift to Minors Act Minor's State of Residence	<input type="checkbox"/> Trust Trustee Name Date of Trust Trust Name
---	---	--

<input type="checkbox"/> Corporation, Partnership, or other Entity. Business Name	Social Security/Tax Identification Number <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>
---	--

ACCOUNT ADDRESS and TELEPHONE NUMBERS

Street or PO Box _____

Apartment, Building or Suite Number _____

City _____ State _____ Zip _____

Please provide your day and evening phone numbers to assist us in processing your enrollment.

Daytime Phone: (____) _____ - _____

Evening Phone: (____) _____ - _____

I am a citizen of: the United States or Other (please specify) _____

C. Dividends

Check only one (1) box. If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed.

- Full Dividend Reinvestment.** (Internal use only – RD) I wish to reinvest all dividends from shares registered in my name and held in my Plan account to purchase additional shares of Newport Corporation common stock.
- Partial Dividend Reinvestment.** (Internal use only – RX%) I wish to reinvest only a portion of dividends from shares registered in my name or held in my Plan account to purchase additional shares of Newport Corporation common stock (remember to indicate % of dividends to be received).
 _____% of dividends to be reinvested in Newport Corporation common stock (increments of 10%).
 _____% of dividends to be received in cash (increments of 10%).

NOTE: The combined total of the two percentages above must equal 100%.

- Cash Payments Only (No Dividend Reinvestment).** (Internal use only – RP) All cash dividends from shares registered in my name and held in my Plan account will be paid directly to me in cash.

Note: Under each of these reinvestment options listed above, participants may make optional cash investments at any time.

D. Automatic Cash Withdrawal and Investment (ACH)

In order to have your cash investment automatically withdrawn from your checking or savings account each month, complete the information below. The initial investment minimum of \$250 will be waived if you elect to have your cash contribution automatically withdrawn from your checking or savings account each month. The automatic cash withdrawal minimum of \$25 will still apply. **Please remember to submit a check for at least \$25 plus an enrollment fee of \$10 if you are a non-stockholder, to cover your first cash investment.**

BANK ACCOUNT INFORMATION

- Checking*
- Savings*

Please attach a voided check or account deposit slip for account verification.

Name of Financial Institution

\$_____ amount of deduction (\$25 minimum)

Bank Account Number Bank Telephone

ABA Routing Number*- Number always begins with 0, 1, 2 or 3

Mailing Address of Bank

City State Zip

AUTHORIZATION

I (we) hereby authorize Wells Fargo Bank Minnesota, N.A. to electronically withdraw from my (our) account and to apply amounts so deducted to the purchase of Newport Corporation common stock as defined by the terms and conditions of the Plan. This authority remains in effect until I cancel it in writing. I have attached a voided check or deposit slip.

NOTE: A medallion signature guarantee is necessary if the name(s) on the bank account is/are different from the name(s) on your stockholder account.

* Please contact your Bank or Financial Institution to verify your ABA number. Electronic withdrawals can only be made from Banks or Financial Institutions operating in the United States. All withdrawals must be made in U.S. funds.

E. Telephone Privileges

- By checking here, I hereby authorize Shareowner ServicesSM to establish telephone privileges for my account within the restrictions set forth in the Plan. I would like my 4-digit Personal Identification Number (PIN) to be:

(Numeric characters only)

F. Signatures

IMPORTANT: All joint owners must sign.

By completing and signing this form, I certify that I have received and read the brochure describing the Shareowner Service Plus Plan and hereby request that the above account be enrolled in the Plan. I understand that participation is subject to the terms and conditions of the Plan as set forth in the brochure that accompanied this Account Authorization Form, and that enrollment may be discontinued at any time by written notice to Wells Fargo Bank Minnesota, N.A. I further understand that all dividends paid on the shares registered in my name and held in my Plan account will be reinvested as selected above. I hereby appoint Wells Fargo Bank Minnesota, N.A. as agent for applying dividends and any investments I may make to the purchase of shares under the Plan.

For joint owners: I understand that if Section E is completed above, Wells Fargo Bank Minnesota, N.A. will be authorized to effect transactions in my Plan account (including sales of shares held in the account) pursuant to the telephone instructions of the other joint owner of the account without any approval or other action on my part.

Under penalties of perjury, I certify that: A. The number shown in Section E of this form is the correct Social Security Number or Tax ID Number; B. I am not subject to backup withholding, either because (1) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (2) the IRS has notified me that I am no longer subject to backup withholding.

- Check this box if you have been notified by the IRS that you are subject to backup withholding because of underreporting of interest or dividends on your tax returns.

Stockholder Signature Date

Stockholder Signature (second if Joint Account) Date