

6. Dividend Reinvestment

You may choose to reinvest all or part of the dividends paid on People's Bank Common Stock. **If neither box is selected, a dividend check will be mailed to you.**

Reinvest the dividends on ALL shares.

I would like a portion of my dividends reinvested. Please reinvest the dividends on _____ percent of my shares. 100% of your dividends will be reinvested if a percentage is not indicated.

7. Safekeeping

Common stock certificates deposited for safekeeping in your account must be in the same registration as your Program account.

Please accept the **enclosed** certificate(s) for deposit to my account. Enclosed are _____ share certificates.
insert number

certificate number	number of shares
T O T A L	

8. Account Authorization Signature (required)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

I am a U.S. citizen or a resident alien. I certify, under penalties of perjury, that (1) the taxpayer identification number in Section 1 is correct (or I am waiting for a number to be issued to me) and (cross out the following if not true) (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATE OF FOREIGN STATUS (Substitute Form W-8)

I am an exempt foreign citizen. I certify, under penalties of perjury, that for dividends, I am not a U.S. citizen or resident alien (or I am filing for a foreign corporation, partnership, estate, or trust) and I am an exempt foreign person. I have entered in Section 2 of this enrollment form the country where I reside permanently for income-tax purposes.

FOR ORGANIZATIONS AND BUSINESS ENTITIES EXEMPT FROM BACKUP WITHHOLDING

I qualify for exemption and my account will not be subject to tax reporting and backup withholding.

MY/OUR SIGNATURE(S) BELOW INDICATES I/WE HAVE READ THE INFORMATION STATEMENT AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature of Owner

Date (month, day, year)

Signature of Joint Owner

Date (month, day, year)

IF YOU NEED ASSISTANCE, PLEASE CALL CHASEMELLON SHAREHOLDER SERVICES AT 1-800-953-2592.

