

# Dividend Reinvestment Plan Shareholder Authorization Form

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**CROGHAN  
BANCSHARES, INC.**

*c/o Registrar and Transfer Company  
P.O. Box 664, Cranford, New Jersey 07016-3572*

**Please sign the authorization located on the reverse side of this form and complete the information below only if it has changed.**

Name 1

\_\_\_\_\_  
Name 2

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Telephone Number

(       )

\_\_\_\_\_  
Business Telephone Number

(       )  
\_\_\_\_\_

**This is not a proxy. This card is only for authorization of dividend reinvestment.**

I hereby elect to participate in the Croghan Bancshares, Inc. (the "Company") Dividend Reinvestment Plan (the "Plan") and appoint Registrar and Transfer Company ("R&T") as my agent, subject to the terms and conditions of the Plan to the extent set forth below.

- Full Dividend Investment** — I authorize all cash dividends payable on all Common Shares of the Company currently registered in my name to be applied towards the purchase of Common Shares of the Company and credited to my Account under the terms of the Plan.
- Partial Dividend Investment** — I authorize cash dividends payable on \_\_\_\_\_ Common Shares of the Company currently registered in my name, which represents less than all shares registered in my name, to be applied towards the purchase of Common Shares the Company and credited to my Account under the terms of the Plan.

This authorization and appointment is given with the understanding that I may terminate it at any time by notifying R&T in writing as set forth in the Plan.

Shareholder	Date
<u>X</u>	_____
Shareholder	Date
<u>X</u>	_____

All persons must sign exactly as their names appear on the reverse side of this authorization.

This Authorization Form, when fully signed, should be mailed to Registrar and Transfer Company, Dividend Reinvestment Department, P.O. Box 664, Cranford, NJ 07016. An addressed envelope is provided for your convenience.