DIRECT DIVIDEND DEPOSIT AUTHORIZATION AGREEMENT

(Please print all information)

Please deposit my dividends into the deposit account as indicated below. In addition, in the unlikely event that an erroneous deposit should transpire, I authorize Peoples LTD. and the financial institution indicated below to correct such inaccuracy with a credit or debit to the same account.

Name of financial institution where deposit account is maintained:

Savings ☐ Checking ☐

Name: _____

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

City: _____ State: _____ Zip: _____

Transit / ABA Number: (Nine digit number that identifies the depository institution)

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Please be advised that we cannot process your request without this #. If unsure, please contact your depository institution.

Name(s) as it appears on shareholder records:

_____

(Can be obtained from stock certificate and/or dividend check.)

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Shareholder account number. (Can be obtained from the dividend check.)

Special Note: If checking account was selected above, please attach a void check in order to ensure the correctness of the depository institution indicated above.

This authorization will remain in force and effect until Peoples LTD. has received written notification from me (us) of its discontinuation. Note: Please allow 30 days for termination to be effective.

Signed: _____ Date: _____

Signed: _____ Date: _____

Tax ID Number ☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐

Print Name(s): _____

_____

Address: _____

_____

_____

Home Phone Number: _____

E-mail Address: _____