

# AUTOMATIC DIVIDEND REINVESTMENT SERVICES AUTHORIZATION

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**NATIONAL  
BANCSHARES  
CORPORATION**

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

Name 1

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Name 2

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Street Address

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City/State/Zip Code

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Home Telephone Number

(       )

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Business Telephone Number

(       )

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## **AUTOMATIC DIVIDEND REINVESTMENT SERVICES AUTHORIZATION**

The undersigned hereby acknowledge(s) receipt from Registrar and Transfer Company ("R&T") of the Plan for Automatic Dividend Reinvestment Service (the "Plan") for shareholders of National Bancshares Corporation (the "Company") and in accordance with the terms and conditions thereof desire(s) to participate in the Program.

The undersigned hereby authorize(s) the Company to pay the agent for our (my) account all authorized dividends and other distributions payable on the shares of common stock of the Company covered by this Authorization and registered in our (my) name.

The Undersigned appoint(s) R&T as agent, subject to the terms and conditions of the Plan and authorize(s) the agent to apply all authorized cash distributions and dividends received by it to the purchase of full and fractional shares of common stock of the Company.

### **PLAN OPTIONS**

**CHOOSE ONE OPTION ONLY, IF NO OPTION IS CHOSEN, FULL DIVIDEND REINVESTMENT WILL BE ASSUMED.**

**FULL DIVIDEND REINVESTMENT**

*This option directs the reinvestment of all dividends on all shares of common stock of the Company now or hereafter registered in your name, as well as dividends on all such shares credited to your account under the Plan.*

**PARTIAL DIVIDEND REINVESTMENT**

*This option directs the reinvestment of all dividends on the number of shares of common stock of the Company registered in your name, which is indicated on the form below. In addition, the dividends on all such shares credited to your account under the Plan will be reinvested in additional shares.*

**Invest dividends on the following number of whole shares:** \_\_\_\_\_

I understand that dividends received on shares of common stock of the Company accumulated and held under the Plan will be reinvested. I further understand that I may change or revoke this authorization by notifying R & T, in writing, of my desire to change or terminate my participation.

All persons whose names appear on the account must sign:

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*Shareholder Signature*

*Social Security Number*

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*Shareholder Signature*

*Shareholder Signature*

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*Daytime Telephone Number*

*Date*

Return to: Registrar and Transfer Company, 10 Commerce Drive, Cranford, New Jersey 07016-3572