

## STOCK PURCHASE & DIVIDEND REINVESTMENT PLAN

### Enrollment Form (see reverse for account guidelines)

By signing this form, I (we) request enrollment, certify that I (we) have received and read the Prospectus describing the Old National Bancorp Stock Purchase and Dividend Reinvestment Plan, and agree to abide by the terms and conditions of the Plan. I (We) hereby appoint the Company's Registrar and Transfer Agent to apply any cash investments I (we) may make and any dividends that I (we) direct to the purchase of shares under the Old National Bancorp Plan. I (We) further understand that if I (we) do not select one of the participation options below, I (we) will automatically be enrolled in Full Dividend Reinvestment.

**Full Reinvestment** All dividends reinvested

**Partial Reinvestment** # of shares to be reinvested

**Cash Investment Only** All dividends paid in cash

Dividend check to be paid on all remaining shares \_\_\_\_\_

**NEW SHAREHOLDER** - I (We) wish to enroll by depositing an initial cash Investment. Enclosed is a check or money order for \$ \_\_\_\_\_  
(\$500 minimum and \$15,000 per month maximum<sup>1</sup>) made payable to the Old National Bancorp Stock Purchase Plan.

**BANK DRAFT** (complete forms below)

Name(s) _____		Social Security Number(s)/Tax ID# _____
Address _____ / /		Signature of Shareholder _____
Date of Birth _____	Daytime Telephone _____	Signature of Shareholder _____

## BANK DRAFT AUTOMATIC MONTHLY INVESTMENT AUTHORIZATION

I (We) authorize Old National Bancorp to initiate monthly withdrawals against my (our) account at the financial institution stated herein, by electronic funds transfer and to apply those funds to the Old National Bancorp Stock Purchase Plan account specified herein, for the purchase of Old National Bancorp common stock. I (We) also authorize Old National Bancorp to initiate corrections to any amounts transferred in error and I (we) waive any claim, without limitation, against Old National Bancorp or my (our) financial institution with respect to the operation of this service.

This authorization will remain in effect until I (we) give written notice to terminate or revise it. I (We) understand that both Old National Bancorp and my (our) financial institution reserve the right to terminate this service or my (our) participation therein.

I (We) understand that I (we) bear the responsibility for notifying Old National Bancorp of changes in financial institution information by providing Old National Bancorp with a new Bank Draft Automatic Monthly Investment Authorization form revising these instructions. I (We) will allow Old National Bancorp a reasonable amount of time for initiating, revising or canceling Bank Draft.

## ALL BANK ACCOUNT HOLDERS MUST SIGN AND COMPLETE THE FORM BELOW

_____	_____	_____ / /
Social Security Number(s)/Tax ID#	Daytime Telephone	Date
Signature of Bank Account Holder	Signature of Bank Account Holder	

## BANK DRAFT - AUTOMATIC INVESTMENT FORM

(Your Financial Institution must be a member of the Automated Clearing House (ACH) Network)

_____	_____
Name of Financial Institution	Name on Bank Account
_____	_____
Address of Financial Institution	Telephone Number of Financial Institution
_____	_____
Bank Account Number	<input type="checkbox"/> Checking <sup>2</sup> <input type="checkbox"/> Savings <sup>3</sup>
_____	
Routing Number (nine digit number on bottom of check or savings deposit slip)	
_____	
For Existing Shareholders: Shareholder Account Number	

\_\_\_\_\_ Monthly Cash Payment Amount (\$25 minimum and \$15,000 maximum per month)

**OLD NATIONAL BANCORP**  
**PO BOX 929**  
**EVANSVILLE IN 47706-0929**

<sup>1</sup>See plan prospectus (question 13) for details pertaining to request for waiver purchases in excess of \$15,000. <sup>2</sup>Checking Account - Attach a voided check. <sup>3</sup>Savings Account - Attach a deposit slip.