OLD NATIONAL BANCORP
Stock Purchase & Dividend Reinvestment Plan

REQUEST FOR WAIVER

This form is to be used only by Participants in the Old National Bancorp ("ONB") Stock Purchase & Dividend Reinvestment Plan (the "Plan") who are requesting authorization from ONB to make a cash purchase under the Plan in excess of the $15,000 monthly maximum. A new form must be completed each month the Participant wishes to make a cash purchase in excess of the $15,000 monthly maximum. This form will not be accepted by ONB unless it is completed in its entirety.

The Participant submitting this form hereby certifies that (a) the information contained herein is true and correct as of the date of this form; (b) the Participant has received a current copy of the Prospectus relating to the Plan; and (c) the Participant will submit a copy of this Request for Waiver (approved by ONB) to the Plan Administrator at the same time the cash purchase is submitted by the Participant. An Enrollment and Initial Investment Form (for new enrollments) or Broker and Nominee Form (for investments made through a broker or other nominee) may need to be included with this submission, if applicable.

This form should be completed and returned **(via email or facsimile)** to Old National Bancorp, Attn: Shareholder Services (email: shareholderservices@oldnational.com or fax: 812-464-1421), by 10:00 a.m. Central Time on the day that is at least (2) business days prior to the first day of the Pricing Period for the applicable Investment Date. For more information regarding the discount, if any, and threshold price, if any, that may be applicable to cash purchases made pursuant to an approved Request for Waiver, please call 812-464-1296 or 800-677-1749.

Date	Cash Purchase Amount Requested
Participant's Signature	Social Security or Tax I.D. Number
Participant's Signature	Street Address
Print Name as it appears on share certificate (or name of beneficial owner)	City State Zip
Print Name as it appears on share certificate (or account number and location of shares held by a beneficial owner)	Phone Number Fax Number

Method of Payment: Check_____ Money Order_____ Wire(1)_____ Other (2)_____

(1) Payment by Wire requires approval from the ONB Shareholder Services Department 812-464-1296 or 800-677-1749.
(2) Payment by other than Check, Money Order, or Wire requires approval from Old National Bancorp.

ACCEPTED BY OLD NATIONAL BANCORP

Cash Investment Amount Approved:_____	By:_____
Method of Payment Approved:_____	Name:_____
Threshold Price, if any:_____	Title:_____
Applicable Waiver Discount (0% - 5%):_____	Date:_____