

ELECTRONIC DELIVERY

___ I would like to receive shareholder correspondence via e-mail. BSNB will notify you by e-mail when our Quarterly Financial Report and Annual Report are available on our website.

Please complete the fields in the space below and follow the instructions at the bottom of this page.

If your shares are held jointly, each owner should sign the printed form.

Shareholder Name(s): _____
E-mail address: _____
Signature(s): _____ Date: _____
Date: _____
Contact Phone Number: _____

ELECTRONIC DEPOSIT (ACH) OF DIVIDENDS

___ I would like to have my dividend payments automatically deposited to my bank account.

Please complete the fields in the space below and follow the instructions at the bottom of this page.

If your stock is held in joint ownership, each individual must sign the printed form.

Name of Financial Institution: _____ City/State: _____
Bank Routing #: _____
Bank Account #: _____
Name(s) on Account: _____
Signature(s): _____ Date: _____
Date: _____

<p>Attach voided copy of check.</p> <p>(No check needed for BSNB accounts)</p> <p>Sample</p> <p>I: 021304675 I: 00123456789 II' 1234 9-digit routing number account number check number do not include</p> <p>1234</p>
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If you have any questions, please email (BSNB.Treasury@bsnb.com) or call (518) 885-6781 for assistance.

Please **print, sign, date, and return** this form to:

Ballston Spa National Bank Attn: Treasury Department PO Box 70 Ballston Spa, NY 12020