



To be used by current Isabella Bank Corporation shareholders only. If you are not currently a shareholder, please contact Shareholder Services at (989) 779-6237, the financial advisors of Raymond James Financial Services located at Isabella Bank, or any other licensed broker.

Authorization Card

Stockholder Dividend Reinvestment and Employee Stock Purchase Plan Stock Purchase Form

So that we may identify your account, please **PRINT the following information** in addition to signing the card.

Name:

Address:

Phone Number:

Email (if applicable):

STOCK PURCHASE FORM -- I hereby appoint the Plan Administrator as my agent under the terms and conditions of the Plan, as described in the Prospectus for the Plan, to receive and apply the following to the purchase of shares, without charge, as provided in the Plan:

DIVIDEND REINVESTMENT (Please select only one option)

- 1. FULL DIVIDEND REINVESTMENT- Any dividends that may become payable to me on all Isabella Bank Corporation Common Stock now or hereafter registered to me.
- 2. PARTIAL DIVIDEND REINVESTMENT- Any dividends that may become payable to me on the following shares of my Isabella Bank Corporation Common Stock.

SHARES _____

OPTIONAL CASH INVESTMENT (Please select only one option)

- 1. CHECK OR MONEY ORDER - The amount payable on the enclosed check or money order made payable to Isabella Bank Corporation, which amount is not less than \$100.
- 2. AUTOMATIC BANK WITHDRAWAL - \$ _____, which amount is not less than \$25 and shall be automatically deducted from my United States bank account identified below by either a:

- ONE-TIME AUTOMATIC BANK WITHDRAWAL **or**
- MONTHLY AUTOMATIC BANK WITHDRAWAL

Name of Financial Institution _____

Type of Account: Checking Savings

Account Number: _____

Routing Number: _____

I understand that, if I selected Monthly Automatic Bank Withdrawals, my United States bank account identified above will be debited monthly in the amount requested on or about the 15th day of each month, until I change or revoke this authorization card.

I acknowledge that dividends received on shares held in my Plan account will automatically be reinvested in additional Common Stock.

Date: _____

Signature: _____

- Please check only one of boxes No. 1 or No. 2 under "DIVIDEND REINVESTMENT," and only one of boxes No. 1 or No. 2 under "OPTIONAL CASH INVESTMENT." If you check box No. 2 under "OPTIONAL CASH INVESTMENT," you must also check a box to indicate whether the Automatic Bank Withdrawal should be one-time or monthly, and you must provide accurate account information.
- Please be sure to sign and date the form. Return completed forms to:
Isabella Bank Corporation
401 N. Main St.
Mt. Pleasant, MI 48858
Attention: Shareholder Services

You may request additional Authorization Cards at any time by writing to the above address or by calling Debbie Campbell at (989) 779-6237. We will also periodically mail you new Authorization Cards.