



DRIP PARTICIPATION AUTHORIZATION FORM

1. Participation Authorization

I authorize Monona Bankshares, Inc. (“**MBI**”) to pay to American Stock Transfer Company (“**AST**”) all cash dividends on the number of shares of common stock held of record in the account shown below and, on all shares, subsequently acquired having identical registration and cash dividends on shares (including fractional shares) credited to my account under the Dividend Reinvestment Plan (the “**Plan**”). I appoint AST as my agent to apply such dividends to the purchase of full and fractional shares of MBI common stock under the Plan.

My Participation in the Plan and this Participation Authorization are subject to the terms and conditions of the Plan and I have been provided a copy of the Plan. I agree and understand any changes to my Plan participation must be submitted in writing to MBI at least ten (10) days prior to any dividend record date.

Reinvest all dividends payable on shares owned in account # _____

Please sign below exactly as name(s) appear on your account registration with AST. If account is jointly titled, each owner must sign. Executors, trustees, etc. should sign using their full title.

Signature

Printed Name

Signature

Printed Name

Date

Primary Contact Number

Primary Email Address

A signed Participation Authorization form must be returned for each account to be enrolled in the Plan