

SHAREHOLDER AUTOMATIC DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN FOR SHARES OF

PEOPLES FINANCIAL SERVICES CORP.

ENROLLMENT APPLICATION

Please enroll this account as follows:  
 Check one box only ().

If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed.

FULL DIVIDEND REINVESTMENT  
 Reinvest all dividends for this account.

PARTIAL DIVIDEND REINVESTMENT  
 Reinvest dividends on \_\_\_\_\_ shares held by me in certificate form and on all shares held by you as Agent and pay dividends in cash on all remaining shares held by me in certificate form. You must reinvest at least 10% of your dividend distribution each dividend period.

CASH PAYMENTS ONLY (NO DIVIDEND REINVESTMENT)  
 All dividends will be paid in cash.

I (We) hereby appoint American Stock Transfer & Trust Company, LLC as my (our ) Agent under the terms and conditions of the Plan, as described in the Brochure of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of Peoples Financial Services Corp. Common Stock as indicated below.

ACCOUNT ADDRESS \_\_\_\_\_ STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER

SIGNATURE(S) \_\_\_\_\_ All Joint Owners Must Sign

ATTACHED IS A CHECK FOR \$ [ ] MINIMUM INVESTMENT IS \$100 FOR MONTHLY PLAN PARTICIPANTS MAXIMUM INVESTMENT IS \$10,000 AT ANY ONE TIME.

COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS

I (We) hereby authorize American Stock Transfer & Trust Company, LLC to make monthly automatic transfers of funds from my (our) checking or savings account in the amount stated on the reverse side. This monthly deduction will be used to purchase shares of Peoples Financial Services Corp. Common Stock for deposit into my (our) Peoples Financial Services Corp. account.

1. Indicate the Type of Account: Checking or Savings.
  2. Print the complete Bank Account Number.
  3. Print the name on Bank Account as it appears on your bank statement.
  4. Print the complete name of your Financial Institution, including the branch name and address.
  5. Print the ABA Number (Bank Number) from your check or savings deposit slip. See the sample on the reverse side for the location of the ABA Number.
  6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$100 per month and the maximum is \$10,000 per month from your checking or savings account to purchase Peoples Financial Services Corp. Common Stock.
- Please enclose a copy of a VOIDED check or savings deposit slip to verify banking information.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.**

Please Print All Items

1. Type of Account     Checking     Savings

2.

Bank Account Number

3.

Name on Bank Account

4.

Financial Institution

Branch Name

Branch Street Address

Branch City, State and Zip Code

5.

ABA Number

6. \$

Amount of Automatic Deduction

**PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.**

Name on Bank Account

Financial Institution and Branch Information

JOHN A. DOE MARY B. DOE 123 YOUR STREET ANYWHERE, U.S.A. 12345	_____ 20 _____
	63-858 670
PAY TO THE ORDER OF _____	\$ <input type="text"/>
	_____ DOLLARS
First National Bank of Anywhere 123 Main Street Anywhere, U.S.A. 12345	
FOR _____	SAMPLE (NON-NEGOTIABLE)
⑆ 07 10000 13 ⑆ 1 234 56 789 ⑆	