

Enrollment in the Plan

I wish to enroll in the Citizens Financial Services, Inc. Dividend Reinvestment Plan and name Citizens Financial Services, Inc. as plan administrator as described in the plan prospectus.

PRINT – Name of Account Owner (1)

Social Security/Tax I.D. Number

PRINT – Name of Account Owner (2)

Social Security/Tax I.D. Number

Mailing Address Apt. No.

City State Zip Daytime
Phone
Number

Certificate Safekeeping

Any certificate(s) sent to the plan administrator for safekeeping is(are) automatically enrolled in the Dividend Reinvestment Plan. The plan administrator will register your plan shares in the name of the plan or its nominee and credit them to your account.

A participant desiring to deposit certificates into the plan should mail them by certified or registered mail to the plan administrator with this form. Please do NOT endorse the certificate(s) or fill in the assignment section of the certificate(s). Stockholders should insure the certificate(s) for at least 2% of the current market value when mailing the certificate(s).

Adding Shares to the Certificate Safekeeping Program

Please provide safekeeping of the enclosed shares. I understand these shares will automatically be enrolled in dividend reinvestment.

Initial Deposit (no fee charged).

or

Additional Deposit ~ there is a fee of \$5.00 charged for each deposit of certificate(s). More than one certificate can be deposited for the same \$5.00 fee. I attach a check, payable to Citizens Financial Services, Inc., for \$5.00 with the certificate(s) to be deposited.

Withdrawing Shares from the Certificate Safekeeping Program

Please send me(us) _____ (enter the number of certificates you want) certificates for _____ (enter the face value of each certificate) each (i.e. 5 certificates with a face value of 25 shares each). I attach a check, payable to Citizens Financial Services, Inc., for \$5.00 per certificate requested.

Dividend Reinvestment

Complete either option #1 or #2 (do not complete both options). You must enroll at least 100 shares to participate in the plan. If neither option is selected, the administrator will assume that you desire FULL reinvestment of your dividends.

Option 1. **Full Reinvestment** ~ all dividends will be reinvested.

Option 2. **Partial Reinvestment** ~ you may elect to have any number of your shares greater than 100 shares enrolled in the plan. In order to participate in Partial Reinvestment, you must remit a stock certificate for shares to Citizens at least equal to the number of shares to be held in Safekeeping and enrolled in the plan. A separate certificate will be issued for any remaining shares not enrolled in the plan.

- Total number of shares you own:

- Number of shares to be enrolled in the plan:

I(We) wish to withdraw from the plan. Please send me(us) a certificate for all whole shares of common stock in my(our) account and a check for the value of any fractional shares.

Direct Deposit of Dividends

Please deposit all future cash dividends into my(our) account at:

Bank Name:

Bank Telephone Number: _____

checking account number:

savings account number:

Bank ACH ABA Transit Routing Number:

Please attached a “voided” check or savings deposit ticket.

If you elected Certificate Safekeeping or Option 1 under Dividend Reinvestment this feature is not available for those shares.

I(We) wish to discontinue direct deposit of my(our) cash dividends.

All holders listed on the registration **must** sign to activate any enhanced feature selected. By signing below, you authorize Citizens Financial Services, Inc. to carry out your intent with respect to the enhanced features indicated. This authorization is given with the understanding that it can be terminated at any time by giving written notice to Citizens Financial Services, Inc.

Print Name (1): _____

Signature (1): _____

Print Name (2): _____

Signature (2): _____

Date: _____

**CITIZENS
FINANCIAL
SERVICES, INC.
COMMON
STOCK**

Direct Inquiries To:

Citizens Financial Services, Inc.
Attn: Shareholder Services
15 South Main Street
Mansfield, Pennsylvania 16933
800-326-9486

**ENHANCED
FEATURES**

**ENROLLMENT
AND
AUTHORIZATION
FORM**

For Internal Use Only

Shareholder Number: _____
Date Received: _____
Date on System: _____

CITIZENS FINANCIAL SERVICES, INC.
15 SOUTH MAIN STREET
MANSFIELD PA 16933