



# DIVIDEND RE-INVESTMENT PLAN APPLICATION FORM

## Section 1 YOUR DETAILS

Full name of First Named Holder

1.

Joint Holder(s) – Maximum four (4) holders

2.

3.

4.

Full Address of First Named Holder

Country

Post Code

Company to which this plan applies

**Lloyds Banking Group plc**

Shareholder reference

This application only applies to the holding above. Separate applications must be completed for additional holdings held in the above Company.

Shares to which this plan applies

<b>ORDINARY SHARES OF 10 PENCE HELD IN CERTIFICATED FORM</b>
<b>ORDINARY SHARES OF 10 PENCE HELD IN SHAREHOLDER ACCOUNT</b>

### IMPORTANT

- Non CREST holders only (CREST holders need to elect through CREST).
- In order to participate in the Plan, in respect of a particular dividend, this form must be correctly completed and received at least **twenty (20)** working days prior to the next dividend payment date.

## Section 2 DECLARATION: All shareholders must sign and print their full names

**Declaration:** A copy of the Terms and Conditions referred to herein have been issued to you/made available on [www.shareview.co.uk/info/drip](http://www.shareview.co.uk/info/drip) or as detailed in the accompanying literature. These form the basis on which our services will be provided to you. For your own benefit you should read these Terms carefully before signing the application. If you do not understand any point please contact us on the number indicated in the Guidance Notes.

**To: Equiniti Financial Services Limited (Equiniti)**

By signing this form I/we apply to join the Dividend Re-Investment Plan (the Plan) for each future dividend paid on the fully paid up shares shown above in Section 1 held by myself/ourselves to which the Plan is applied.

I/We appoint Equiniti as my/our agent to arrange the purchase of fully paid up shares of the Company shown above in Section 1 in accordance with the Terms and Conditions of the Plan. This request will remain in force until revoked in writing by me/us, or otherwise cancelled in accordance with the Terms and Conditions of the Plan.

I/we agree to direct Equiniti Financial Services Limited to participate in the Plan in respect of all of the fully paid up shares held in the Shareholder Account on my/our behalf.

**To: Lloyds Banking Group plc**

I/we the undersigned instruct **Lloyds Banking Group plc** to pay my/our dividend in respect of all the shares applying to the Plan to Equiniti. **(Note 1)**

Signature 1

Signature 2

Print Full Name

Print Full Name

Signature 3

Signature 4

Print Full Name

Print Full Name

Today's Date **(Note 2)**

If signing as Power of Attorney or other authority please print your full name **(Note 3)**

Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006.

## GUIDANCE NOTES

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You can find the answer to most questions and also send us your query securely by completing the online form at [www.shareview.co.uk/info/drip](http://www.shareview.co.uk/info/drip)

Or you can call us on **+44 (0) 371 384 2990** Please use the country code when calling from outside the UK. When you call, please quote your 11 digit Shareholder Reference number. Lines are open from 8.30am to 5.30pm (UK time) Monday to Friday, excluding public holidays in England and Wales.

For deaf and speech impaired customers we welcome calls via **Relay UK**. Please see [www.relayuk.bt.com](http://www.relayuk.bt.com) for more information.

Once completed please send your form to;

**Share Dividend Team, Equiniti, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA United Kingdom**

### **Note 1: Print & Sign**

All shareholders must sign the declaration and print their full name in the appropriate boxes provided.

### **Note 2: Today's Date**

#### **Dividend Election deadline**

To participate in respect of a particular dividend, Equiniti must receive the fully completed form at least **twenty (20)** working days prior to the next dividend payment date.

### **Note 3: Power of Attorney (if applicable)**

Complete your full name here if you are signing as a power of attorney.

To avoid rejection if you have not previously recorded the Power of Attorney document with us please ensure that you send us either the original document or a photocopy with this form. If you are sending a photocopy, please make sure every page is signed with an original signature, either by the person granting the Power or by a solicitor or stockbroker, to confirm that it is a true and complete copy of the original.

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