



8111 Smith's Mill Road  
New Albany, OH 43054  
(614) 491- 2225

PAYROLL DEDUCTION AUTHORIZATION FOR STOCK PURCHASE

Return this form to the Payroll Department

EMPLOYEE NAME: \_\_\_\_\_

EMP NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

UNIT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DEDUCTION AUTHORIZATION**

I AUTHORIZE THE DEDUCTION INDICATED BELOW:

**Please check only one box.**

Authorization for **NEW PARTICIPANT**

Please deduct \$ \_\_\_\_\_ .00 (minimum \$5.00) from each of my regular pay checks for the purpose of contributing to my Dividend Reinvestment Plan Account as a cash contribution, all in accordance with the provisions of the Investors Choice Dividend Reinvestment & Direct Stock Purchase & Sale Plan (the "Plan"). I hereby acknowledge receipt of the Prospectus for the Plan and agree to be bound by all the terms and conditions of the Plan.

Authorization to **CHANGE PAYROLL DEDUCTION**

Authorization to **STOP PAYROLL DEDUCTION**

**STOCK REGISTRATION AUTHORIZATION**

This is a **NEW ACCOUNT**

I already have a **BOB EVANS ACCOUNT**

(PLEASE FILL IN INFORMATION BELOW)

ACCOUNT NUMBER: \_\_\_\_\_

**FULL DIVIDEND REINVESTMENT**

**PAY CASH DIVIDENDS ON ALL MY SHARES**

The Employee authorizing this Payroll Deduction **MUST BE** the primary name on the account.

Only Single or Joint Accounts are allowed.

Custodian Accounts are **NOT ALLOWED** through Payroll Deductions.

If you are an officer of the company, or if you have been designated by the General Counsel as a "key employee," you may not enroll in the Plan during any blackout period.

**PLEASE PRINT**

Account Holder Name(s) \_\_\_\_\_

Address: \_\_\_\_\_