NBT BANCORP INC.

DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN

ENROLLMENT APPLICATION

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

Please enroll this account as follows:

□ **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 the Plan Administrator and/or Agent and pay dividends in cash on all remaining shares held by me in certificate form.

□ **CASH PAYMENT ONLY (NO DIVIDEND REINVESTMENT)**
All dividends will be paid in cash.

I (We) hereby appoint NBT Bank, N.A., as Plan Administrator, and any Agent appointed by the Plan Administrator under the terms and conditions of the Plan, as described in the booklet of the Plan which accompanied this form, to receive cash payments and apply them to purchase of shares of NBT Bancorp Inc. as indicated below.

NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.

ACCOUNT INFORMATION

1. **SINGLE/JOINT**: Joint account will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. The Social Security Number of the first-named tenant is required.
2. **CUSTODIAL**: A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gift to Minors Act in the minor's state of residence. The minor's Social Security Number is required.
3. **TRUST**: Account is established in accordance with the provisions of a trust agreement.

This form, when completed and signed, should be mailed with your check for any initial or optional cash purchases to:

NBT Bank, N.A.
Shareholder Relations Department
20 Mohawk Street
Canajoharie, New York 13317

ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER | | | | | | | | | |

I hereby warrant, under penalty of perjury, that the number provided above is correct.

☐ **SINGLE/JOINT ACCOUNT**	☐ **CUSTODIAL ACCOUNT**	☐ **TRUST ACCOUNT**
Name	Custodian's Name	Trustee Name
Joint Owner (if any)	Minor's Name	Trustee Name or Beneficiary
Joint Owner (if any)	Minor's State of Residence	Date of Trust

Account Address _____
Street City State Zip Code

Signature(s) _____
All Joint Owners Must Sign

ATTACHED IS A CHECK FOR **$** _____

MINIMUM INITIAL INVESTMENT FOR EMPLOYEES OF NBT BANCORP INC. *IS $10*
MINIMUM INITIAL INVESTMENT FOR ALL OTHER PLAN PARTICIPANTS *IS $25*
MAXIMUM INVESTMENT *IS $100,000 PER YEAR*