

DCB FINANCIAL CORP DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN Shareholder Authorization Form

Name(s) exactly as set forth on your stock certificate

Additional space for name(s) if necessary

Street Address

City State Zip Code

____-____-_____
Social Security Number (To be completed if the shareholder is an individual. If shares are held jointly, the Social Security Number should be that of the first person listed on the stock certificate.)

____-____-_____
Employer Identification Number (To be completed if the shareholder is not an individual.)

_____ I am a U.S. Citizen or Resident Alien

_____ I am a Nonresident Alien

1. Dividend Reinvestment (Check only one option - fill in amount where appropriate)

_____ a. Full Cash Dividend Reinvestment. I wish to reinvest under the Plan cash dividends on all shares registered in my name.

_____ b. Partial Cash Dividend Reinvestment. I wish to have cash dividends reinvested on _____ shares personally held by me in certificate form and on all Plan shares held in my name. I wish to have the balance of my cash dividends mailed to me.

2. Optional Cash Investments (minimum \$100 and maximum \$2,000 per calendar quarter) (Check the option and fill in amount if you want to invest.)

_____ Cash Payment. Please buy shares with the enclosed check or money order for \$ _____ payable to Delaware County Bank and Trust Company.

To the extent I have so designated, I hereby elect to participate in the Plan and authorize Delaware County Bank and Trust Company, as my agent, to apply cash dividends and any optional cash investments received by it on my behalf to the purchase of shares of DCB Financial Corp. Common Stock. I understand that all dividends received or shares credited to my Plan account will be automatically reinvested in DCB Financial Corp. Common Stock.

Signature *

Signature *

Date

Date

Please sign above exactly as name appears on stock certificate. If shares are held jointly, each shareholder must sign.

* Under penalties of perjury, I certify (1) that the number shown above on this Form is my correct Taxpayer Identification Number and (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (the "IRS") that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified that I am no longer subject to backup withholding.