BOSP BANCSHARES, INC.
DIVIDEND REINVESTMENT PLAN
ENROLLMENT FORM

OFFERED ONLY TO WISCONSIN RESIDENTS

To participate in the BOSP Bancshares, Inc. Dividend Reinvestment Plan (the "Plan"), as described in the accompanying Plan, please complete and sign this Enrollment Form and return it by mail or email.

By the undersigned's (each of the undersigned, a "participant") signature below, the participant hereby acknowledges and agrees to the following:

1. The participant authorizes BOSP Bancshares, Inc. (the "Corporation") to act as the participant's agent to purchase shares of the Corporation common stock pursuant to the Plan. The participant acknowledges receipt of a copy of the Plan and agrees to the terms and conditions of the Plan.

2. The participant represents and warrants that (a) the participant is a resident of the State of Wisconsin and has no present intention of becoming a resident of any other state and (b) the address set forth below is the participant's principal residence (in the case of a natural person) or the participant's principal place of business (in the case of a corporation, partnership, trust or other form of business organization). **The participant agrees to promptly notify the Corporation in writing if the participant is no longer a resident of the State of Wisconsin or the address for the participant below changes.**

3. The participant understands and acknowledges that the shares of the Corporation common stock will be sold by the Corporation pursuant to the Plan without registration under the Securities Act of 1933, as amended (the "Securities Act"), or state securities laws in reliance on the exemptions from registration set forth in Section 3(a)(11) of the Securities Act and Rule 147 promulgated under the Securities Act and on applicable state securities law exemptions. The participant understands and acknowledges that (a) shares of the Corporation common stock issued pursuant to the Plan may not be offered, sold, transferred or delivered, directly or indirectly unless (i) such shares are registered under the Securities Act and any applicable state securities laws or (ii) an exemption from registration under the Securities Act and any other applicable state securities laws is available, and (b) resales of any shares issued pursuant to the Plan may only be made to persons resident within the State of Wisconsin for a period of six months after the date of issuance of such shares. These restrictions on transfer do not apply to bona fide gifts or to transfers by an estate after the death of a shareholder. Resales are further restricted by the Corporation's Articles of Incorporation.

4. The participant agrees that an electronic signature shall constitute an original signature hereunder (including .pdf or any electronic signature complying with the U.S. Federal ESIGN Act of 2000, (e.g. www.docusign.com) or other transmission method and any counterpart so delivered shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

5. Following each dividend payment date on which the participant purchases any shares pursuant to reinvestment under the Plan, the Corporation will send the participant a transaction statement setting forth information relating to the transaction. To receive this statement via email, please check the box and provide an email address:

☐ Yes, send the transaction statements to the following email address: _____

By checking the box above, the participant affirmatively consents to receive transaction statements and other records relating to the Plan electronically at the email address provided above. The participant represents that the participant has access to the hardware, software and internet capabilities necessary to receive, access, download and retain PDF documents. The participant may withdraw this consent at any

time by providing written notice to the Corporation at the mailing address or email address set forth in this Enrollment Form. Upon receipt of such notice, future transaction statements will be provided in paper form.

(All joint owners must sign)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Address: _____

City: _____

State: _____

Zip Code: _____

E-mail: _____

Date: _____

Please be sure to date and sign this Form and return it to:

BOSP Bancshares, Inc.
228 East Main Street
Sun Prairie, Wisconsin 53590
Phone #: 608-837-4511
Email: GeneralInfo@bankofsunprairie.com

PLEASE READ CAREFULLY