

## REQUEST FOR WAIVER

This form should be completed and returned (**via email or facsimile**) to Old National Bancorp, Attn: Chief Legal Counsel (email: [legal@oldnational.com](mailto:legal@oldnational.com) or fax: 812-468-0399), by 10:00 a.m. Eastern Time on the day that is at least (2) business days prior to the Investment Date. For more information regarding the discount, if any, and threshold price, if any, that may be applicable to cash purchases made pursuant to an approved Request for Waiver, please email Old National Bancorp's Chief Legal Counsel at [legal@oldnational.com](mailto:legal@oldnational.com).

Date	Cash Purchase Amount Requested		
Participant's Signature	Social Security or Tax I.D. Number		
Participant's Signature	Street Address		
Print Name as it appears on share certificate (or name of beneficial owner)	City	State	Zip
Print Name as it appears on share certificate (or account number and location of shares held by a beneficial owner)	Phone Number	Fax Number	
Method of Payment: Check _____ Wire _____			

Cash Investment Amount Approved: \_\_\_\_\_ By: \_\_\_\_\_

Threshold Price, if any: \_\_\_\_\_ Name: \_\_\_\_\_

Applicable Waiver Discount (0% - 5%): \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_