



Dividend Reinvestment and Stock Purchase Plan Authorization Form

Pursuant to the terms and conditions of the Tredegar Corporation Dividend Reinvestment and Stock Purchase Plan (the "Plan"), I hereby authorize National City Bank (the "Agent") as my agent, to apply cash dividends on my behalf to the purchase of shares of Tredegar Corporation Common Stock as designated below.

_____ **Full Dividend Reinvestment** - Dividends on all certificated and Plan shares are to be reinvested. I may make voluntary cash payments toward the purchase of additional shares.

_____ **Partial Dividend Reinvestment** - I wish to participate in partial dividend reinvestment on _____ (enter number) shares of common stock held in my name. Dividends on all other certificated and Plan shares are to be paid to me.

_____ **Cash Payments Only** - I shall from time to time make cash payments (minimum \$25 contribution, maximum \$4,000 per month) to purchase additional shares. Dividends on both certificated shares held by me and Plan shares held in my account are to be paid to me.

_____ **Please deposit the enclosed certificate for safekeeping.** *(All of your dividends will be reinvested.)*

_____ **An optional cash payment of \$ _____ is enclosed.**

_____ **Automatic Monthly Bank Withdrawal.** *(If checked, please read below and enter dollar amount.)*

The Automatic Monthly Bank Withdrawal option allows participants to direct the Agent to automatically debit a checking or savings account each month, and purchase shares of common stock of the Company. The amount of this deduction shall not be less than \$25.00 per investment nor more than \$4,000.00 per month. Please indicate below the amount you wish to have automatically deducted from your checking or savings account each month. **Checking and savings accounts will be debited the first Friday of each month for investment on the third Friday of the month.**

Monthly Deduction: \$.

You must attach a voided check or deposit slip from your account in order to participate in the Monthly Automatic Direct Debit Plan.

I may revoke this authorization by notifying the Agent, in writing, of my desire to terminate my participation. I understand that any revocation of authorization shall become effective in accordance with the terms of the Plan.

**Mail this authorization to:
National City Bank, Dept. 5352
Reinvestment Services
P. O. Box 94946
Cleveland, OH 44101-4946**

Date _____

Social Security # _____

Signature _____

Printed Name _____

Signature _____

Printed Name _____

Address _____

(Note: All owners must sign exactly as shown on stock certificate.)