



DIRECT DEPOSIT PLAN ENROLLMENT FORM

Please provide the information requested below:

Return the completed form to:

Name: _____
(print name as it appears on your shareholder account)

National City Bank
Shareholder Services - LOC 5352
P. O. Box 92301
Cleveland, Ohio 44193-0900

Address: _____

City/State/ZIP Code: _____

Social Security Number: _____ - _____ - _____

Shareholder Account #: _____

Please enclose a voided check if your dividend payment is to be deposited to a checking account, or a deposit slip if your payment is being deposited into a savings account. Most banks can accept electronic deposits. If it is determined that your bank cannot process your electronic deposit request, you will be notified.

If you require assistance in completing this form, please contact a representative of the financial institution where you maintain your account. For checking or savings accounts at savings & loans, credit unions, and federal savings banks, checks and deposit slips do not always contain the correct information for direct deposit. For accounts with these types of financial institutions, please have a representative from the institution assist you in completing the form. Brokerage accounts are not part of the regular banking network. If you wish to have your dividends deposited into this type of account, please contact your brokerage firm for the correct information.

NEW ENROLLMENT CHANGE ENROLLMENT

Name of Financial Institution: _____

Bank Routing Number (9-digit #): _____

Bank Account Number: _____ Type of Account: Checking Savings

This is authorization for National City Bank to deposit my dividend payments into the account specified, and, if necessary, to make debit entries or other adjustments for any deposits made in error. This authorization will remain in effect until I give written notice of termination or until Tredegar Corporation or National City Bank has notified me that this direct deposit service has been terminated. I understand that I must give 30 days advance notice, prior to the applicable dividend record date, in writing, to allow time for my instructions to be executed and that I am responsible for notifying National City Bank of any change in bank account information.

ALL REGISTERED SHAREHOLDERS MUST SIGN AS THEIR NAMES APPEAR ON THE SHAREHOLDER ACCOUNT

Signature(s) _____

Date _____ Daytime Phone Number _____

PLEASE ATTACH YOUR VOIDED CHECK OR DEPOSIT SLIP IN THIS AREA

SAMPLE
VOIDED
CHECK

JOHN DOE OR JANE DOE	10000
1234 ANY STREET	
HOMETOWN, USA 12345	DATE _____
PAY TO THE ORDER OF _____	\$ _____
_____	_____ DOLLARS
FOR _____	_____
VOID	
123456789	57500219 □

Bank Routing Number

Bank Account Number