

DIVIDEND REINVESTMENT PLAN ENROLLMENT FORM

Offered only to Wisconsin Residents

To participate in the Lake Ridge Bancorp, 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 Lake Ridge Bancorp, Inc. (the "Company") to act as the participant's agent to purchase shares of Company 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 office (in the case of a corporation, partnership, trust, or other form of business organization). The participant agrees to promptly notify the Company 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 Company common stock will be sold by the Company 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 Company 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.

(All joint owners must complete and sign form overpage)





	ACCT 1:	ACCT 2:	ACCT 3:	ACCT 4:
EQ ACCOUNT NUMBERS:				

REGISTRATION NAME: _____

ATTENTION: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY, STATE, ZIP: _____

PRINT NAME: _____

SIGNATURE: _____

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

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

Lake Ridge Bancorp, Inc.
Attn: Shareholder Services
8301 University Ave, 2nd Floor
Middleton, WI 53562

Phone: (608) 223-2187

Email: shareholderservices@lakeridge.bank

