

SHAREHOLDER DETAILS FORM

Use this form to provide or update your account information.

Please send the completed form to Paragon Financial Solutions (“Paragon”) by one of the following methods:

Mail: Paragon Bank, attn. Shareholder Accounting, PO Box 2022, Memphis TN 38101-2022

Secure Upload: <https://www.cleartrustonline.com/paragon>



A. CONTACT INFORMATION – In this section, please provide your account information.

Shareholder's full name (print EXACTLY how it should appear on the certificate or account statement):

Address of record (print your mailing address):

Phone:

Email:

B. PROXY E-CONSENT – Save resources and receive your proxy materials faster by enrolling in e-consent. Select your preference below.

YES. I consent to receive proxy materials, including proxy statements, annual reports, and meeting notices of Paragon electronically at the email address provided in Section A above. I understand I may request a paper copy at no charge or withdraw this consent at any time by contacting Tracey Thesmar at 901-322-0721 or tracey.thesmar@bankparagon.com. It is my responsibility to keep my email address current with Paragon.

No thanks. I prefer to continue to receive proxy materials by U.S. mail.

C. ACH ENROLLMENT – Optional. Receive future dividends faster and more securely by enrolling in ACH deposits. The name on your account at the Financial Institution must match the shareholder's name listed above.

Name of Financial Institution:

Address of Financial Institution (branch, city, state, & zip):

Financial Institution Routing Number:

Account Number:

Account Type (select one):

Checking Savings

D. SIGNATURES – This section must be signed by all current registered holders, or a legally authorized representative, with the indication of his/her capacity next to the printed name.

Date:

Shareholder signature:

X

Joint shareholder signature:

X

Printed name, and title (if applicable):

Printed joint name, and title (if applicable):