



— ON BEHALF OF —

The **WALT DISNEY** Company

Account Maintenance Form

Broadridge Corporate Issuer Solutions
P.O. Box 1342
Brentwood, NY 11717-0718
Phone: 1 (855) 55-DISNEY (1-855-553-4763)
Fax: 1 (215) 553-5402

Dear Disney Shareholder,

Broadridge Corporate Issuer Solutions is the transfer agent for The Walt Disney Company. The information provided below outlines the process to request statements, tax documents or replacement checks, update your address, and/or enroll in direct deposit. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

1. Make sure your form has all of the required signatures. If the account has a joint tenant registration, both shareholders are required to sign. If you are signing for the shareholder, please include your title (e.g., POA, Custodian, Executor) after your signature and the proper documentation supporting your title, if applicable (e.g., appointment documents).
2. If enrolling for direct deposit, please enclose a voided check with the form. Please be advised that a 5 business day hold period may exist for the establishment and/or change of banking instructions on an account.

If you have any questions regarding your Disney Shareholder account, please contact us at:

Telephone Number: 1 (855) 55-DISNEY (1-855-553-4763)

E-mail: disneyshareholder@broadridge.com

Please retain a copy of all documents for your records. Please return the above items to:

Regular Mail
Broadridge Corporate Issuer Solutions
P.O. Box 1342
Brentwood, NY 11717-0718

OR

Overnight Mail
Broadridge Corporate Issuer Solutions
1155 Long Island Avenue
Edgewood, NY 11717-8309
Attn: IWS

Thank you for your interest in The Walt Disney Company.

Sincerely,

Correspondence Department
Broadridge Corporate Issuer Solutions



— ON BEHALF OF —

The **WALT DISNEY** Company

Account Maintenance Form

USE THIS FORM TO REQUEST AND AUTHORIZE BROADRIDGE TO MAKE CHANGES TO THE FOLLOWING ACCOUNT

Account Number: 1683 -

Account Registration: (Example: John Smith OR John Smith and Mary Smith JT)

Telephone Number: _____ E-mail Address: _____

FORM REPLACEMENT REQUEST

1. 1099 DIV B

For Tax Year: _____

2. Statement BOOK* PLAN** CERTIFICATE

For Period: _____

*For shares held electronically

**The Walt Disney Company Investment Plan, Employee Stock Purchase Program, etc.

ADDRESS CHANGE

4. Write New Primary Address:

5. Write New Seasonal Address:

Time Frame at this Address: _____

6. Write Alternate Address for: Proxy Statements Tax Forms Div. Check

CHECK REPLACEMENT

3. Please replace the following un-cashed check(s):
There may be a fee associated with this transaction.

Replace all outstanding checks older than 180 days.

Check Number, Date and Amount:

*Please do not cash outdated checks. You may incur a fee at your financial institution.

TRANSACTION APPROVAL

7. I/We authorize Broadridge to make the account maintenance changes detailed above and I/we confirm that I/we am/are the correct and right party to request these changes. The signature of all registered holders is required.

Print Name: _____

Sign Name: _____ Date: _____

Print Name: _____

Sign Name: _____ Date: _____



— ON BEHALF OF —

The **WALT DISNEY** Company

Account Maintenance Form

DIRECT DEPOSIT ENROLLMENT / UPDATE

8. Please attach a voided personal check and sign the "Signature of Payee" below or complete your financial institution information here:

--	--	--	--	--	--	--	--	--	--

ROUTING NUMBER

Memo _____
| : 012345678 | : 123456789" 0101

Routing Number

Account Number

ACCOUNT NUMBER (PLEASE CHECK THE APPROPRIATE BOX)

Checking Account

Savings Account

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

TELEPHONE NUMBER OF FINANCIAL INSTITUTION (INCLUDE AREA CODE) _____

PAYEE CERTIFICATION (The signature of all registered holders is required.)

I/We certify that I/we am/are entitled to the payment above, and that I/we have read and understand this form. In signing this form, I/we authorize my/our payment to be sent to the financial institution named above, to be deposited to the designated account.

SIGNATURE OF PAYEE (DO NOT PRINT)

DATE SIGNED

SIGNATURE OF PAYEE (DO NOT PRINT)

DATE SIGNED

Please be advised that a 5 business day hold period may exist for the establishment and/or change of banking instructions on an account.