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

**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
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.

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   *Please do not cash outdated checks.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.

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
   ______________________________________________________
   ______________________________________________________

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: ____________________________

   Print Name: ____________________________________________________________________________
   Sign Name: ____________________________ Date: ____________________________
## 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:

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<th>ROUTING NUMBER</th>
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<tr>
<th>ACCOUNT NUMBER (PLEASE CHECK THE APPROPRIATE BOX)</th>
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<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
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<th>ADDRESS OF FINANCIAL INSTITUTION</th>
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<th>TELEPHONE NUMBER OF FINANCIAL INSTITUTION (INCLUDE AREA CODE)</th>
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**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.

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<th>SIGNATURE OF PAYEE (DO NOT PRINT)</th>
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