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 or tax identification number, 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)
________________________________________________________________________
________________________________________________________________________

E-mail: ________________________________________________________________ Daytime #: ____________________________

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 □ Tax Forms □ Div. Check
   _________________________________________________________________

   _________________________________________________________________

TRANSACTION APPROVAL

7. I authorize Broadridge to make the account maintenance changes detailed above and I confirm that I am the correct and right party to request these changes.

   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:

ROUTING 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

I CERTIFY THAT I am entitled to the payment above, and that I have read and understand this form. In signing this form, I authorize my 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

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

TAXPAYER ID CERTIFICATION (SUBSTITUTE W-9)

9. Taxpayer ID Certification

Please read the instructions carefully before completing the substitute W9 form.

All Disney Shareholders are required to sign and return this W9 certification. A Disney Shareholder may also go online at www.disneyshareholder.com to print a W9 form.

Your account may be subject to backup withholding, at the applicable rate, if you do not complete this substitute W9 form.

Primary Disney Shareholder’s Tax ID: __________________________

If you are exempt from backup withholding, check here ☐

Exemption from FATCA reporting code (if any) is NOT APPLICABLE. Applies to accounts maintained outside the U.S.

Secondary Disney Shareholder’s Tax ID: __________________________

If you are exempt from backup withholding, check here ☐

Exemption from FATCA reporting code (if any) is NOT APPLICABLE. Applies to accounts maintained outside the U.S.

CERTIFICATION: Under penalties of perjury I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including U.S. resident alien), and (4) the FATCA code entered on this form (if any) is correct and indicates that I am exempt from FATCA reporting.