Dear Disney Shareholder,

Broadridge Corporate Issuer Solutions is the transfer agent for The Walt Disney Company. The information provided below outlines the process to enroll your existing account or establish a new account in The Walt Disney Company Investment Plan. 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 opening a new account, include a check made payable to "Broadridge."

3. Consult The Walt Disney Company Investment Plan Prospectus for additional information, including the schedule of purchases and sales, minimum and maximum investment amounts, along with transaction fees and associated brokerage commissions.

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
The Walt Disney Company Investment Plan Enrollment Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you complete an enrollment application, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Please be aware that we will verify the information you provide and may also ask for copies of your driver’s license or other identifying documents. Further, we will collect and hold information provided to us pursuant to our Privacy Statement, available at www.shareholder.broadridge.com. Broadridge is the Transfer Agent for The Walt Disney Company.

SECTION I  -  EXISTING SHAREHOLDERS

1. Company Name: The Walt Disney Company  (Please see The Walt Disney Company Investment Plan Prospectus for enrollment eligibility requirements.)
2. Account Number: 1683 - [ ] (If you are transferring to a new account and wish to have the new account enrolled in the Plan, please use TBD in the account number field.)
3. Last Four Digits of Owner’s Social Security Number or Employer Identification Number, if Applicable: [______]
4. Account Registration: ________________________________
5. Account Address: ____________________________________________________________________________________________________
   Street                                                               City                                         State             Zip Code
   Daytime Phone: ___________________________________________             Evening Phone: ____________________________________________

* Please proceed to Section IV to manage Account Elections.

SECTION II  -  NEW SHAREHOLDERS

1. Company Name: The Walt Disney Company  (Please see The Walt Disney Company Investment Plan Prospectus for enrollment eligibility requirements.)
2. Initial Investments (Make checks payable to Broadridge)
   $ [ ] As a new shareholder, I wish to enroll in the Plan by making an initial investment. Enclosed is my check or money order for:
   $ [ ] (Please see The Walt Disney Company Investment Plan Prospectus for initial investment minimum and maximum.)
3. Account Registration - Type of Account (Please check one box and provide all requested information.)
   Owner’s Social Security Number or Employer Identification Number: [______]
   [ ] Individual or Joint: Joint accounts will be presumed to be joint tenants with rights of survivorship and not tenants in common, unless tenants in common, tenants by the entireties, or community property registrations are requested. Only one Social Security Number or Employer Identification Number is required for tax reporting.

   Owner’s First, Middle and Last Name: __________________________________________________________________________________________
   Joint Owner’s First, Middle and Last Name: _____________________________________________________________________________________
   Custodial: A minor is the beneficial owner of the account with an adult custodian managing the account until the minor reaches the age of majority, as specified in the Uniform Gifts/Transfers to Minors Act in the minor’s state of residence.

   Custodian’s First, Middle and Last Name: ______________________________________________________________________________________
   Minor’s First, Middle and Last Name: __________________________________________________________________________________________
   Minor’s Social Security Number: [______]             Minor’s State of Residence: ________________________
   Trust: Account is established in accordance with provisions of a trust agreement. Tax Identification Number: [______]
   Trustee Name(s): ___________________________________________________________________________________________________________
   Name of Trust: _____________________________________________________________________       Date of Trust: ________________________
   Corporation, Partnership, or Other Entity: [ ] Tax Identification Number: [______]
   Business Name: ____________________________________________________________________________________________________________

4. Account Address: _______________________________________________________________________________________________________
   Street                                                               City                                         State             Zip Code
   Daytime Phone: ___________________________________________             Evening Phone: ____________________________________________

The Walt Disney Company

[135x670]The Walt Disney Company Investment Plan Enrollment Form

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   Name of Trust: _____________________________________________________________________       Date of Trust: ________________________
   Corporation, Partnership, or Other Entity: [ ] Tax Identification Number: [______]
   Business Name: ____________________________________________________________________________________________________________

4. Account Address: _______________________________________________________________________________________________________
   Street                                                               City                                         State             Zip Code
   Daytime Phone: ___________________________________________             Evening Phone: ____________________________________________

The Walt Disney Company
SECTION V - SIGNATURES

SIGNATURES - The signatures below indicate that I/we have read The Walt Disney Company Investment Plan Prospectus and agree to its terms. (Both signatures required for Joint Tenant accounts.) By signing below, I/we agree to the indicated account election changes referenced above.

_______________________________________________________        _______________________________________________________
Signature(s)                Signature(s)
_______________________________________________________        _______________________________________________________
Date                Date