

Direct Share Purchase and Sale Program

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718 Phone: (877) 910-5385 Fax: (215) 553-5402

Dear Shareholder,

Thank you for contacting Broadridge Shareholder Services expressing interest in opening a new account or managing the dividend elections on an existing account with Kellogg Company. Enclosed is the document you requested. 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 (i.e., POA, Custodian, Executor) after your signature and the proper documentation supporting your title if applicable (i.e. appointment documents).
- 2. If opening a new account, include a check made payable to "Broadridge".
- 3. Consult The Kellogg Company Direct Stock Purchase and Dividend Reinvestment Plan Prospectus for additional information about the program, including purchase dates, minimum and maximum investment amounts, and any fees associated with the program.

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

Telephone Number: (877) 910-5385

E-mail: shareholder@broadridge.com

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

<u>Regular Mail</u> Broadridge Shareholder Services c/o Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718	<u>OR</u>	<u>Overnight Mail</u> Broadridge Shareholder Services c/o Broadridge Corporate Issuer Solutions 1155 Long Island Avenue Edgewood, NY 11717-8309 ATTN: IWS
		ATTN: IWS

Sincerely,

Correspondence Department Broadridge Corporate Issuer Solutions Shareholder Services

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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.

SECTION I - EXIST	ING SHAREHOLDERS -	PLEASE PRINT				
1. Company Name Kellogg Company	2. Account Nur	_{mber} _2462 -				
(Please see Plan Prospectus for enrollment eligibility requirements.)						
3. Account Registration						
4. Last Four of Owner's Social Security Number or Tax Identification Number						
5. Account Address						
Street	City	State	Zip Code			
() Daytime Phone	() Ev	ening Phone			
	Section IV to manage A					
	W SHAREHOLDERS -					
1. Company Name Kellogg Company	_ (Please see Plan Prospectus for	enrollment eligibility requirements	5.)			
2. Initial Investments (Make checks payable to Broadridge)						
As a new shareholder, I wish to enroll in the Program		-	-			
\$. (Initial investments must be at	least \$50.00, but cannot exceed \$	100,000.00)			
3. Account Registration - Type of Account (Please check one						
Individual or Joint: Joint accounts will be presume unless tenants in common, tenants by the entireties Number or Tax Identification Number is required for	s, or community property					
	s Social Security Number Identification Number	Joint Owner's First Name	M.I. Last Name			
Custodial: A minor is the beneficial owner of the active the age of majority, as specified in the Uniform Gifts						
Custodian's First Name M.I. Last Name Minor's First Nam	ne M.I. Last Name	Minor's Social Security Number	Minor's State of Residence			
Trust: Account is established in accordance with pro	ovisions of a trust agreem	ent.				
Trustee Name(s) Name of Trust	Trust Date	Trust Tax Id	lentification Number			
Corporation, Partnership, or Other Entity:						
Business Name		Tax Identifica	tion Number			
4. Account Address						
4. Account Address Street	City	State	Zip Code			
()	()				
Daytime Phone		Eve	ning Phone			

SECTION III - ACCOUNT CERTIFICATION

1. Substitute Form W-9 (Required for a U.S. person including a resident alien.)

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

Under penalties of perjury, I certify that:

- 1. The number shown in Section II is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service 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.
- 3. I am a U.S. person (including a U.S. resident alien).
- 4. The FATCA code entered on this form (if any) is correct and indicates that I am exempt from FATCA reporting.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For a joint account, only the person whose Tax Identification Number is shown in Section II should sign.

Taxpayer Signature		Date			
	SECTION IV - ACCOUNT ELE	ECTIONS - PLEASE PRINT			
		paid on Kellogg Company Common S x, you will be deemed to have selected the "Fully			
Reinvest the dividends on A	ALL shares.				
I would like a portion of my the dividends on my remaining	/ dividends reinvested. Please re g shares, as well as all future share	emit to me the dividends on es that I acquire, will be reinvested.	shares. I understand that		
All cash – Do not reinvest m	y dividends. (Your dividend check will	l be automatically mailed to your address of recor	rd UNLESS you check the box below.)		
I/we hereby authorize Broadridge Corporate Issuer Solutions, Inc. to have my/our dividends deposited automatically in my/our checking/savings account pursuant to the terms of the applicable plan. (Please include a voided check)					
	dge Corporate Issuer Solutions, In	led check ic. to make monthly automatic withdra s of Kellogg Company pursuant to the			
-		000 maximum annual investments) \$ _			
3. Banking Information for Monthly	/ Investments and/or Direct Depos	sit Authorization. Type of Account:	Checking Savings		
Name on Account					
	John Doe 123 Main Street Anytown, USA Pay to the order of Any Bank USA For <u>Attach</u> 1000	theck here. s Dollars			
To be completed by your financial organization only if a voided check cannot be supplied or your account is with a credit union or savings & loan.					
Name of Financial Organization					
Bank Routing Number					
Bank Account Number					
Authorized Signature of Financial Organization			ate		
	SECTION V -	SIGNATURES			
SIGNATURES - The signatures below indicate that I/we have read the Kellogg Company Direct Stock Purchase and Dividend Reinvestment Plan Prospectus and agree to its terms. By signing below, I/we agree to the indicated account election changes referenced above. (Both signatures required for Joint Tenant accounts.)					
Signature(s)	Date	Signature(s)	Date		