



☐ I am a current Cincinnati Financial Corporation shareholder.
Please print your account number. Do NOT complete Section 1.

☐ I am NOT a current Cincinnati Financial Corporation shareholder.
Please begin by completing Section 1 below.

[illegible]

A. INDIVIDUAL OR JOINT ACCOUNT — Owner's Name

[illegible]

Year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

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☐ Joint Tenants with rights of survivorship ☐ Tenants in common ☐ Tenants by entirety ☐ Community property

[illegible]

Year

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[illegible]**Custodian's Name**[illegible]

Minor's Name

[illegible]**Custodian/Minor State**

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[illegible]

and Co-trustee's Name, if applicable

[illegible]**Name of Trust**[illegible]

For the Benefit of

[illegible]**Situs State**

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Account Registration Continued Print clearly in CAPITAL LETTERS.

D. ORGANIZATION OR BUSINESS ENTITY

Check applicable option(s):

- ☐ C Corporation
 ☐ S Corporation
 ☐ Partnership
 ☐ Sole Proprietor
☐ Limited Liability Company (Provide the tax classification by checking one of the above)
☐ Other _____

Name of Entity[illegible]

Employer Identification Number

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or Social Security Number

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Address If you are a current shareholder complete ONLY if your address has changed.

Mailing address (including apartment number) You may also complete this section online by going to shareowneronline.com.

[illegible][illegible]

City

[illegible]

State

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Zip

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For mailing address outside the U.S.:

Country of residence

Province

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Routing or postal code

Dividend Reinvestment You may also complete this section online by going to shareowneronline.com.

If no option is selected the Administrator will automatically reinvest all your dividends. For the reinvestment option below you may make optional cash investments at any time.

- ☐ **FULL DIVIDEND REINVESTMENT** (Internal use only — RD)

I wish to reinvest all dividends from shares held in physical certificate form registered in my name including book-entry (DRS) shares and all dividends from shares held in my Plan account.

- ## ☐ PARTIAL DIVIDEND REINVESTMENT (Internal use only — RX%)

I wish to reinvest only a portion of dividends from shares held in physical certificate form registered in my name including book-entry (DRS) shares and from shares held in my Plan account. Please check the percentage of dividends to reinvest. The remaining percentage will be paid in cash.

- ○ ○ ○ ○ ○ ○ ○ ○
10% 20% 30% 40% 50% 60% 70% 80% 90%

Safekeeping

Common Stock certificates deposited for safekeeping in your account must be in the same registration as your Plan account.

**TOTAL NUMBER OF
CERTIFICATES ENCLOSED**

TOTAL NUMBER OF SHARES

Cash Purchase (Make checks payable to Shareowner Services)

- ☐ As a **CURRENT** registered shareholder I (We) wish to make an additional investment in Cincinnati Financial Corporation Common Stock. Enclosed is my check for \$_____ (minimum of \$25.00/maximum of \$250,000.00 per year).

- ☐ As a **NEW INVESTOR** I (We) wish to enroll in the Plan by

A) making an initial investment in Cincinnati Financial Common Stock of \$_____ (minimum of \$25.00/maximum of \$250,000.00 per year).
I have enclosed my check for the initial investment.

and/or

B) signing up for automatic deductions from my bank account (complete Section 6).

For both A & B, please complete Sections 1, 2, 3, 5 & 7.

6.

Automatic Investment – Bank Authorization Agreement (You may also complete this section online by going to shareowneronline.com.)

- ☐ **FOR CURRENT SHAREHOLDERS:** I (We) hereby choose to make additional investments in Cincinnati Financial Corporation Common Stock by authorizing automatic deductions of \$_____ (minimum of \$25.00/maximum of \$250,000.00 per year) from my (our) bank account. (Please complete the Bank Account Information section below.)
- ☐ **FOR NEW INVESTORS:** I (We) hereby choose to initiate my (our) investment in Cincinnati Financial Corporation Common Stock by authorizing
- A) one time automatic deductions of \$_____ (minimum of \$25.00/maximum of \$250,000.00 per year) or
- B) recurring automatic deductions of \$_____ (minimum of \$25.00/maximum of \$250,000.00 per year) for a minimum of at least 10 consecutive transactions from my (our) bank account.

(For both A & B, please complete the Bank Account Information section below.)

Upon receipt of this form, properly completed, the Administrator will contact your bank to deduct the amount indicated from your bank account on or about the 5th, 20th or both days of each month. The Administrator will invest in Cincinnati Financial Corporation Common Stock beginning on the next Investment Date that is at least five business days after your account is debited. Such deductions and investments will continue until you notify the Administrator to change or discontinue them. Should your bank account contain uncollected funds to cover the authorized deduction, no deduction or investment will occur. In such event, you will be charged a fee by Equiniti Trust Company.

I (We) hereby authorize the Administrator and the bank or financial institution indicated below to deduct from my (our) bank account and apply amounts so deducted to the purchase of Cincinnati Financial Corporation Common Stock under the account designated. The authority remains in effect until I (we) cancel.

Automatic Cash Withdrawal and Investment (ACH)

To have your cash investment automatically withdrawn from your checking or savings account provide the information requested below.

Diagram of Sample Bank Check

Your Name 123 Your Street AnyTown, ST 12345-9999		Date _____ 1001
Pay to the Order of _____		***VOID*** \$ Dollars
Your Bank's Name 123 Your Bank's Street AnyTown, ST 12345-9999		
1:0910000191:	123456789123	1001
Bank ABA/Routing Number	Bank Account Number	Check Number

- ☐ Please discontinue my (our) automatic investments. (Remember to have all owners sign the form.)
- ☐ I would like to change the amount withdrawn from my (our) bank account. (Fill out the Bank Authorization Agreement portion of this section and have all owners sign the form.)

Your Bank Account Information

- ☐ **Checking Account —**
Enclose a voided check for verification
- ☐ **Savings Account —**
Enclose a deposit slip for verification

Bank or Financial Institution
ABA/Routing Number*
 Number ALWAYS begins with 0, 1, 2 or 3

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Bank or Financial Institution Account Number

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- ☐ **5th of the Month**
- ☐ **20th of the Month**
- ☐ **Both the 5th and 20th of the Month**

If you do not check any box, then the 5th of the month will be assumed.

Name of Bank or Financial Institution

*Please contact your bank or financial institution to verify your ABA/Routing Number. Electronic withdrawals can only be made from or to banks or financial institutions operating in the United States. All withdrawals must be made in U.S. funds.

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PLEASE DO NOT DETACH.

7.

Account Authorization Signature/Form W-9 Request for Taxpayer Identification Number and Certification (required)**Certification** – Under penalties of perjury, I certify that:

1. The number shown on this form 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 (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. citizen or other U.S. person as defined below.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (this does not apply to accounts located in the U.S.)

Definition of U.S. Person: For federal tax purposes, you are considered a U.S. person if you are (1) An individual who is a U.S. citizen or U.S. resident alien, (2) A partnership, corporation, company or association created or organized in the United States or under the laws of the United States, (3) an estate (other than a foreign estate), or (4) A domestic trust (as defined in regulation 301.7701-7)

Backup Withholding – The Internal Revenue Service (IRS) requires us to withhold taxes for the applicable rate of federal backup withholding for U.S. persons without a Taxpayer Identification Number (TIN) or without a “certified” number. This withholding of tax is called Backup Withholding and may be applied to disbursements for interest, dividends, broker and barter exchange transactions, royalties, etc. Supplying us with your correct TIN associated with the account on the 1st page of this form, along with the appropriate signature will generally allow you to receive your payments without being subject to backup withholding. Failure to supply your TIN, or supplying us with an incorrect TIN could result in a penalty being assessed by the IRS.

Notification of Backup Withholding – 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 you have failed to report all interest and dividends on your tax return.

This form must be signed and dated as acceptance for proper certification or it will be returned to the requestor.

NOTICE TO NON-RESIDENT ALIENS, INDIVIDUALS OR FOREIGN ENTITIES (e.g., foreign corporation, partnership or trusts): DO NOT COMPLETE THE ABOVE SUBSTITUTE FORM W-9. COMPLETE W-8 FORM OR APPLICABLE IRS W-8 FORM SERIES LOCATED AT www.irs.gov or call 1-866-605-8638 FOR A COPY OF THE W-8 FORM. COMPLETE AND RETURN THE FORM W-8, CERTIFICATION OF FOREIGN STATUS. FAILURE TO DO SO WILL SUBJECT YOU TO FEDERAL BACKUP WITHHOLDING AT THE CURRENT APPLICABLE RATE.

By completing and signing this form, I (we) certify that I (we) have received and read the Cincinnati Financial Corporation Plan Brochure/Prospectus and hereby request that, for new shareholders, the above account be enrolled in the Plan, or, for current shareholders, the above account be modified to reflect all the elections made above. I (we) understand that participation is subject to the terms and conditions of the Plan as set forth in the brochure/prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Equiniti Trust Company. I (we) further understand that all dividends paid on the shares registered in my (our) name and held in my (our) Plan account will be reinvested or paid in cash as selected above. I (we) hereby authorize Equiniti Trust Company to apply dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

MY (OUR) SIGNATURE(S) BELOW INDICATE(S) I (WE) HAVE READ THE CINCINNATI FINANCIAL CORPORATION PLAN BROCHURE/PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN. IMPORTANT: ALL JOINT OWNERS MUST SIGN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Owner

Date (month, day, year)

Signature of Joint Owner (if applicable)

Date (month, day, year)

Signature of Second Joint Owner (if applicable)

Date (month, day, year)

Mail completed form to:
EQ Shareowner Services
P.O. Box 64856
St. Paul, MN 55164-0856



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