



**A Direct Purchase and Dividend Reinvestment Plan
New Account Application**

Return completed form to:
The Bank of New York
P.O. Box 1958, Newark, NJ 07101-9774

If you have any questions please call our toll-free number
1-866-875-7975, or e-mail us at: shareowners@bankofny.com

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 such 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.

1 Account Ownership

Complete one section below.
Please use a pen and print clearly in CAPITAL LETTERS.

Individual or Joint Account

Owner's Name (first, middle initial, last):
[Grid for name entry]

Owner's Social Security Number (used for tax reporting):
[Grid for SSN entry]

Joint Owner's Name, if applicable (first, middle initial, last):
[Grid for name entry]

Gifts/Transfers to a Minor (UGMA/UTMA)

Custodian's Name, one name only (first, middle initial, last):
[Grid for name entry]

as custodian for Minor's Name (first, middle initial, last):
[Grid for name entry]

Under the [] [] Uniform Gifts/Transfers to Minors Act.
(State)

Minor's Social Security Number:
[Grid for SSN entry]

Trust

Trustee's Name (first, middle initial, last):
[Grid for name entry]

and Co-Trustee's Name, if applicable (first, middle initial, last):
[Grid for name entry]

as trustees of (Name of Trust):
[Grid for name entry]

for the benefit of:
[Grid for name entry]

Trust's Taxpayer Identification Number:
[Grid for TIN entry]

Date of Trust (month, day, year)
[Grid for date entry]

Trust's Taxpayer Identification Number:
[Grid for TIN entry]

Date of Trust (month, day, year)
[Grid for date entry]

Individual/Joint: Joint accounts will be presumed to be joint tenants with rights of survivorship unless restricted by applicable state law or otherwise indicated. Only one social security number is required.
Gifts/Transfers to a minor UGMA/UTMA: A minor is the beneficial owner of the account with an adult as custodian, managing the account until the minor becomes of age, as specified in the uniform gift transfers to minor act in the minor's state of residence.
Trust: An account established in accordance with the provisions of a trust agreement.

2 Date of Birth

[Grid for date of birth entry]

3 Address & Citizenship

Street Address and Apartment or Box Number
[Grid for address entry]

City:
[Grid for city entry]

State: [Grid] Zip code: [Grid]

Citizenship of Owner, Minor or Trust Beneficiary:

U.S. Citizen Resident Alien Non-Resident Alien:
Country of Citizenship [Grid]

***4 Investment Information**

Please make your check payable to The Bank of New York. Note that The Bank cannot accept foreign checks. Checks must be drawn on a U.S. Bank and payable in U.S. dollars.

Please choose only one option:
 Initial Optional Cash Investment – By Check
A one-time enrollment fee of \$10.00 is required along with the initial investment (minimum investment is \$200.00). Thereafter, subsequent payments may be a minimum \$50 not to exceed \$10,000 per transaction or \$120,000 per year. Enter investment amount:
\$ [Grid]

***5 Signature**

Each owner must read and sign this section.

By signing this application, I certify that:
• I have received and read the brochure for the company in which I am investing, and I agree to the Terms and Conditions of the brochure. I have the authority and legal capacity to purchase shares, am of legal age and believe each investment is suitable for me. I understand that The Bank of New York utilizes an Affiliated Broker for all trading activity relative to the plan on behalf of plan participants.
• I ratify any instructions, given on this account. I agree that neither Limitedbrands nor The Bank of New York will be liable for any loss, cost or expense for acting upon any instructions if it follows reasonable procedures designed to prevent unauthorized transactions.
• I understand that for joint tenants accounts "I" refers to all account owners, and each of the account owners agrees that any account owner has authority to act on the account without notice to the other account owners. The Bank of New York in its sole discretion, and for its protection, may require the written consent of all account owners prior to acting upon the instructions of any account owner.

Please make sure that all owners sign the application as required.

Signature of Owner [X] Date (month, day, year) [Grid]

Signature of Joint Owner [X] Date (month, day, year) [Grid]

Telephone number: [Grid]

6 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 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)

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.

If I am a Non-Resident Alien, as I've indicated above, I certify under penalties of perjury that I am not a U.S. Citizen or Resident Alien, and that I am an "exempt foreign person" as defined under IRS regulations.

Please make sure that all owners sign the application as required.

Signature of Owner [X] Date (month, day, year) [Grid]

Signature of Joint Owner [X] Date (month, day, year) [Grid]

***7 Dividend Reinvestment Enrollment Election (check one)**

Reinvest all net dividends on certificates and Plan Shares.
 Reinvest dividends on [] certificate shares and all Plan shares.
 Pay cash dividends on certificate shares and plan shares.

Please make sure that you sign the application as required.

Please make sure that all owners sign the application as required.
Signature of Owner [X] Date (month, day, year) [Grid]

Signature of Joint Owner [X] Date (month, day, year) [Grid]