



You can take advantage of the convenience and security of having dividends deposited electronically in your bank account.

WHAT ARE THE BENEFITS?

- *Convenience.* Eliminate trips or mailings to the bank to make a deposit.
- *Safety.* Eliminate the danger of lost, stolen or delayed dividend checks.
- *Speed.* Receive your money faster. Your dividend is available to you on the payment date. There is no waiting for the check to clear.
- *Security.* Enjoy the security of having dividends deposited automatically, even while on vacation.

HOW CAN I PARTICIPATE?

You may take advantage of the direct deposit service by completing the authorization form below **along with a voided check** and returning both to:

Brunswick Corporation
Shareholder Services
1 N. Field Court
Lake Forest, IL 60045

Please note that your bank must be a member of the ACH program.

If you have any questions, you may contact Shareholder Services in writing or by calling 800-546-9420, or outside the United States dial 847-735-4294, anytime between 8 a.m. and 5 p.m. Central Time, Monday through Friday.

	BRUNSWICK CORPORATION AUTHORIZATION FOR DIRECT DEPOSIT OF DIVIDEND PAYMENTS
<p>I authorize Brunswick Corporation (the Company) as dividend disbursing agent to transfer my dividend check electronically to my bank (Financial Institution) indicated below. I have attached a voided check.</p>	
<p>Bank name _____</p>	
<p>ABA number (Transit Routing Number):</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>Type of account :</p>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (Check with your bank for savings account information)
<p>Bank account number _____</p>	
<p>This authority remains in full effect until the Company or Financial Institution has received written notification from me/us of its termination in such time and manner as to afford the Company or Financial Institution a reasonable opportunity to act upon it, or until the Company or Financial Institution has sent me/us a minimum of ten day notice terminating this agreement in writing. ALL persons whose names appear on the shareholder account MUST sign below:</p>	
<p>SIGNATURE(S) _____</p>	<p>DATE _____</p>
<p>SIGNATURE(S) _____</p>	<p>DATE _____</p>
<p>Daytime phone number _____</p>	