

CAPITALSOURCE INC.

DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN

ENROLLMENT APPLICATION

Check one box only. If you do not check any box, then **FULL DIVIDEND REINVESTMENT** will be assumed.

Please enroll this account as follows:

- FULL DIVIDEND REINVESTMENT**
Reinvest all dividends for this account.
- PARTIAL DIVIDEND REINVESTMENT**
Reinvest dividends on _____ shares held by me in certificate form and on all shares held by you as Agent and pay dividends in cash on all remaining shares held by me in certificate form.
- CASH PAYMENT ONLY (NO DIVIDEND REINVESTMENT)**
All dividends will be paid in cash.

I (We) hereby appoint American Transfer & Trust Company as my (our) Agent under the terms and conditions of the Plan, as described in the booklet of the Plan which accompanied this form, to receive cash payments and apply them to purchase of shares of CapitalSource Inc. as indicated below.

NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.

ACCOUNT INFORMATION

1. **SINGLE/JOINT:** Joint account will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. The Social Security Number of the first-named tenant is required.
2. **CUSTODIAL:** A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gift to Minors Act in the minor's state of residence. The minor's Social Security Number is required.
3. **TRUST:** Account is established in accordance with the provisions of a trust agreement.

This form, when completed and signed, should be mailed with your check to the Agent. Please affix postage to ensure proper processing. Mail your check and the form to:

American Stock Transfer & Trust Company
Dividend Reinvestment Department
P.O. Box 922
Wall Street Station
New York, New York 10269-0560

ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

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I hereby warrant, under penalty of perjury, that the number provided above is correct.

<input type="checkbox"/> SINGLE/JOINT ACCOUNT _____ Name _____ Joint Owner (if any) _____ Joint Owner (if any)	<input type="checkbox"/> CUSTODIAL ACCOUNT _____ Custodian's Name _____ Minor's Name _____ Minor's State of Residence	<input type="checkbox"/> TRUST ACCOUNT _____ Trustee Name _____ Trustee Name or Beneficiary _____ Date of Trust
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Account Address _____
Street City State Zip Code

Signature(s) _____

All Joint Owners Must Sign

ATTACHED IS A CHECK FOR

\$

**MINIMUM INITIAL INVESTMENT IS \$100 FOR NEW INVESTORS
MINIMUM INVESTMENT IS \$100 FOR STOCKHOLDERS OF RECORD
AND CURRENT PLAN PARTICIPANTS
MAXIMUM INVESTMENT IS \$20,000 AT ANY ONE TIME**

FOR AUTOMATIC MONTHLY DEDUCTIONS, SEE REVERSE

