



DIVIDEND REINVESTMENT AND DIRECT STOCK PURCHASE PLAN FOR
SHARES OF
RPM INTERNATIONAL INC.

ENROLLMENT APPLICATION

Please enroll this account as follows:

Check one box only [X]

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

[ ] FULL DIVIDEND REINVESTMENT

Reinvest all dividends for this account.

[ ] PARTIAL DIVIDEND REINVESTMENT

Reinvest dividends on \_\_\_\_\_ % of shares held by me in certificate form and all shares held by you as Agent.

Pay dividends in cash in the amount of \$ \_\_\_\_\_.00 from shares held in my account.

[ ] CASH PAYMENTS ONLY (NO DIVIDEND REINVESTMENT)

All dividends will be paid in cash.

I (We) hereby appoint American Stock Transfer & Trust Company, LLC as my (our ) Agent under the terms and conditions of the Plan, as described in the Brochure of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of RPM INTERNATIONAL INC. Common Stock 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 in the blue postage paid envelope provided. If you do not have the envelope, mail your check and the form to:

RPM INTERNATIONAL INC.
C/O American Stock Transfer & Trust Company, LLC
P.O. Box 922, Wall Street Station, New York, New York 10269-0560
Attn: Plan Administration Department

If your name is preprinted above, it is for mailing purposes only. Please complete one of the boxes below for the exact account registration.

ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

Grid for Social Security or Taxpayer Identification Number

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

Registration options: SINGLE/TOD/JOINT ACCOUNT, CUSTODIAL ACCOUNT, TRUST ACCOUNT. Includes fields for Name, Custodian's Name, Trustee Name, Joint Owner, Minor's Name, Trust Name or Beneficiary, and Date of Trust.

ACCOUNT ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_ All Joint Owners Must Sign

DAYTIME PHONE NUMBER \_\_\_\_\_ Date \_\_\_\_\_

ATTACHED IS A CHECK FOR \$

Box for amount attached as a check

MINIMUM INVESTMENT IS \$25 FOR CURRENT PLAN PARTICIPANTS AND A MAXIMUM OF \$5,000.00 PER MONTH. FOR NEW INVESTORS A MINIMUM OF \$200.00 IS REQUIRED AND A MAXIMUM OF \$5,000.

