Banco Santander Chile



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BNY Mellon PO Box 505000

Louisville, KY 40233-5000

Within USA, US territories & Canada 201-680-6825 Outside USA, US territories & Canada 888 BNY ADRS

www.mybnymdr.com

Name		
Address		
Address		
City, State, Zip		

Joint -

Will be presumed to be joint tenants with rights of survivorship unless $% \left(1\right) =\left(1\right) \left(1\right) \left($

restricted by applicable state law or otherwise indicated.

Custodial -

A minor is the beneficial owner of the account with an adult custodian managing the account until the minor comes of age, as specified in the Uniform Gift/Transfer to Minors Act in the minor's state of residence. Please note that both the minor's and custodian social security number must be provided.

Trust - Account is established in accordance with the provisions of a trust agreement.

Use a <u>black</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.

ABC

1 2 3



Direct Stock Purchase Plan - Initial Enrollment Form Account Legal Registration (Choose One) Trust Account Single/Joint Account **Custodial Account** You must provide BNY Mellon with the following three pages from the Trust Document: 1. Title Page 2. Powers Page and 3. Signature Page Citizenship Date of Trust (mm/dd/yyyy) Other You must complete a W-8BEN form. USA Please call the phone number above to obtain a form. **Account Information** Name, Custodian Name or Full Trust Name Joint Owner (if any), Minor's Name or Trustee(s) Name Date of Birth (Primary Account Holder/Minor) Date of Birth (Joint Account Holder/Custodian) Minor's State (if applicable) Social Security Number (SSN) (Primary Account Holder/Minor) or Employer Identification Number (EIN) Social Security Number (SSN) (Joint Account Holder/Custodian) Street Number Street Name Apt./Unit Number City/Town State/Province Postal Code Country

Home Te	lephone Number	Business Telephone Number						
Please refer to the plan prospectus or brochure before enrolling.								
Check one box only. If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed. If the plan permits, you may make optional cash investments at any time under each of the participation options below								
	Full Dividend Reinvestment Please mark this box if you wish to reinvest all dividends that become por any future holdings, including shares purchased with optional cash in							
	All Dividends Paid in Cash (No Dividend Rei Please mark this box if you wish to receive dividend payments in cash including shares purchased with optional cash investments.							
	Partial Dividends Paid in Cash Please mark this box and specify the number of whole shares on which The dividends on all remaining shares or any future holdings, including investments, will be reinvested.							

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number, 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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien), and 4. I am exempt from FATCA reporting.

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

By participating in the plan, I agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I have read and fully understand the terms and conditions of the prospectus or brochure. I further agree that my participation in the plan will continue until I notify BNY Mellon in writing that I desire to terminate my participation in the plan. Upon providing such notification, I acknowledge that my withdrawal from the plan will be subject to the terms and conditions of the prospectus or brochure that governs the plan. By signing this form, I am certifying that I am of legal age in the state or country of my residence.

Enrollment forms will be processed within 5 business days of receipt. Confirmation of enrollment will not be mailed; however, a transaction statement will be mailed once there is activity in your account. If you would like to confirm your enrollment in the plan, please call us at the number referenced on the front page.

To be valid, this form must be signed by all account holders.

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

Please return completed form to:	BNY Mellon PO Box 505000 Louisville, KY 40233-5000						
Signature 1 - Please keep signature within the box.	Signature 2 - Please keep signature within the box.	Date (mm/dd/yyyy)					

Please enclose a check for your initial investment.

Make checks payable to BNY Mellon. Please refer to the plan prospectus or brochure for the minimum/maximum amount of the initial investment. No interest will be paid on the funds held pending investment.

Privacy Notice

At BNY Mellon, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans, direct registration services and/or custody services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of BNY Mellon or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information, date of birth, government-issued identification number, and other financial information.

With respect both to current and former customers, BNY Mellon does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your persona information to those employees who need to know the information to provide our services to you. BNY Mellon maintains physical, electronic and procedural safeguards to protect your personal information.

BNY Mellon realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.



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purchase additions of the prospectus participation in the I/We hereby author	ot currently enrolled al shares (if availab or brochure; and (e Plan. Upon provic ize BNY Mellon to	ole); (2) to be bour (4) that you furthe ling such notificat make monthly aut	nd by the ter or agree that tion, you acl omatic transi	ms and cond t your particip knowledge th	itions of the pation in th at withdraw	e prospec e Plan w al from t	ctus or brochui ill continue un he Plan will be	e that gove il you notif subject to t	rns the Plan; y BNY Mellor the terms and	(3) that you he in writing of conditions o	nave read a r by other of the pros	and fully unde available mea pectus or bro	erstand the ans that yo chure that	terms an ou desire governs	d conditions to terminate the Plan.
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How to complete this form

- 1. Amount of automatic deduction: Indicate the amount authorized to transfer from your account to purchase additional shares.
- Indicate the type of account held with the financial institution.
- Indicate checking or savings.
- 4. Print the complete financial institution account number.
- 5. Print the financial institution routing number from your check or savings deposit slip. **If you are using a savings account, contact your financial institution for the routing number.**
- 6. Print the name(s) in which the financial institution account is held.
- All authorized owners of the financial institution account must sign this form.

SAMPLE CHECK John A. Doe 63-858 670 Name(s) in which Mary B. Doe account is held 123 Your Street Anywhere, U.S.A. 12345 PAY TO THE ORDER OF \$ Bank of Anywhere Financial institution and 123 Main Street Anywhere, USA 12345 branch information FOR SAMPLE (NON-NEGOTIABLE) 12345678901234567 123456789 1234 Bank Routing Number Bank Account Number Check Number

This number typically begins with a 0, 1, 2 or 3.

6UEMD_00H3QA (Rev. 7/15) -WEB