NOVARTIS

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

PLEASE COMPLETE THE INFORMATION BELOW FOR
ELECTRONIC DEPOSIT OF DIVIDENDS
AND/OR
AUTOMATIC MONTHLY ELECTRONIC DEDUCTIONS

PLEASE PRINT ALL ITEMS:

1. Type of Electronic Funds Transfer (you may select either one or both options below):
   - ☐ Electronic Deposit of Dividends
   - ☐ Automatic Monthly Electronic Deductions – Amount of Monthly Deduction

   Date of Deduction: the 15th of each month
   (if the 15th falls on a non-business day, the deduction will be made on the following business day).

2. Type of Account: ☐ Checking ☐ Savings

Bank Account Number (*see example below*)

Name on Bank Account (*see example below)*

Financial Institution (*see example below*)

Branch Name

Branch Street Address

Branch City, State and Zip Code

3. ABA Number (*see example below*)

Please enclose a copy of a VOIDED check or a savings deposit slip to verify banking information.

I (We) hereby authorize the plan administrator, JPMorgan Chase Bank, to make electronic deposits of dividends to the checking or savings account indicated and/or to make automatic monthly electronic deductions from said account in the amount stated, which will be used to purchase additional ADSs of Novartis for deposit into my (our) Novartis ADS Direct Plan Account.

Signature(s) _____

Date: _____ Daytime Phone Number: _____

Name on Bank Account

JOHN A. DOE
MARY B. DOE
123 YOUR STREET
ANYWHERE, U.S.A. 12345

_____, 20 __

03-050
870

PAY TO THE
ORDER OF **JPMorgan Chase Bank – Novartis** **$** ☐

_____ DOLLARS

Financial Institution and Branch Information

First National Bank
of Anywhere
123 Main Street
Anywhere, U.S.A. 12346

For _____ SAMPLE (NON-NEGOTIABLE)

☐07600011☐ 123456789

ABA Number Bank Account Number

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