

DIVIDEND REINVESTMENT, DIRECT STOCK PURCHASE AND SALE  
PLAN FOR SHARES OF

THE WENDY'S COMPANY

ENROLLMENT APPLICATION

Please enroll this account as follows:

Check one box only

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 \_\_\_\_\_ 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. You must reinvest at least 10% of your dividend distribution each dividend period.

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 prospectus of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of JBG Smith Properties 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. Copy of Trust required.

This form, when completed and signed, should be mailed with your check in the blue envelope provided. Please affix postage to ensure proper processing. If you do not have the envelope, mail your check and the form to:

The Wendy's Company  
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/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 Minor's State of Residence.

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

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

ATTACHED IS A CHECK FOR \$

Box for check amount

MINIMUM INITIAL INVESTMENT IS \$250 FOR NEW INVESTORS  
MINIMUM INVESTMENT IS \$25 FOR STOCKHOLDERS OF RECORD AND CURRENT PLAN PARTICIPANTS  
MAXIMUM INVESTMENT IS \$10,000 PER INVESTMENT

**COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS**

I (We) hereby authorize American Stock Transfer & Trust Company, LLC to make monthly automatic transfers of funds from my (our) checking or savings account in the amount stated below. This monthly deduction will be used to purchase shares of The Wendy's Company Common Stock for my (our) The Wendy's Company Plan account.

1. Indicate the Type of Account: Checking or Savings.
2. Print the complete Bank Account Number.
3. Print the name on Bank Account as it appears on your bank statement.
4. Print the complete name of your Financial Institution, including the branch name and address.
5. Print the ABA Number (Bank Number) from your check or savings deposit slip. See the sample below for the location of the ABA Number.
6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$25 per month and the maximum is \$10,000 per month from your checking or savings account to purchase The Wendy's Company Common Stock.

Signature(s) \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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

**FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.**

Please Print All Items

1. Type of Account  Checking  Savings

2. \_\_\_\_\_  
 Bank Account Number

3. \_\_\_\_\_  
 Name on Bank Account

4. \_\_\_\_\_  
 Financial Institution  
 \_\_\_\_\_  
 Branch Name

\_\_\_\_\_  
 Branch Street Address

\_\_\_\_\_  
 Branch City, State and Zip Code

5. \_\_\_\_\_  
 ABA Number

6. \$ \_\_\_\_\_  
 Amount of Automatic Deduction

**PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.**

Name on Bank Account

Financial Institution and Branch information

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

\_\_\_\_\_ 20 \_\_\_\_\_

63-858  
670

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

**First National Bank**  
**of Anywhere**  
 123 Main Street  
 Anywhere, U.S.A. 12345

FOR \_\_\_\_\_ **SAMPLE (NON-NEGOTIABLE)** \_\_\_\_\_

@0?1000013: 123456769 01

ABA Number      Bank Account Number