

**MAIN STREET CAPITAL CORPORATION**

**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 and pay dividends in cash on all remaining shares. 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 Brochure of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of Main Street Capital Corporation 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 envelope provided. Please affix postage to ensure proper processing. If you do not have the envelope, mail your check and the form to:**

**Main Street Capital Corporation  
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**

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

<input type="checkbox"/> <b>SINGLE/JOINT ACCOUNT</b>  _____ Name  _____ Joint Owner (if any)  _____ Joint Owner (if any)	<input type="checkbox"/> <b>CUSTODIAL ACCOUNT</b>  _____ Custodian's Name  _____ Minor's Name  _____ Minor's State of Residence	<input type="checkbox"/> <b>TRUST ACCOUNT</b>  _____ Trustee Name  _____ Trust 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 \$250 FOR NEW INVESTORS  
 MINIMUM INVESTMENT IS \$100 FOR STOCKHOLDERS OF RECORD AND CURRENT PLAN PARTICIPANTS  
 MAXIMUM INVESTMENT IS \$25,000 PER MONTH

**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 Main Street Capital Corporation Common Stock for my (our) Main Street Capital Corporation 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 \$100 per month and the maximum is \$25,000 per month from your checking or savings account to purchase Main Street Capital Corporation 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. \_\_\_\_\_

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

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

Name on Bank Account	<p align="center"><b>JOHN A. DOE</b>  <b>MARY B. DOE</b>                  123 YOUR STREET                  ANYWHERE, U.S.A. 12345</p> <p align="right">_____ 20 _____</p> <p align="right">63-858 670</p> <p>PAY TO THE ORDER OF _____ \$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span></p> <p align="right">_____ DOLLARS</p> <p align="center"><b>First National Bank                  of Anywhere                  123 Main Street                  Anywhere, U.S.A. 12345</b></p> <p>FOR _____ <b>SAMPLE (NON-NEGOTIABLE)</b> _____</p> <p align="center">⑆071000013⑆ 123456769⑈</p>
Financial Institution and Branch information	

     
 ABA Number                      Bank Account Number