

**EAGLE CAPITAL GROWTH FUND, INC.**

**Dividend Reinvestment and Cash Purchase Plan  
Enrollment and Authorization Form**

As an Eagle Capital Growth Fund, Inc. (“Fund”) shareholder of record with shares of Fund common Stock (“Common Stock”) registered in my name, I am eligible to participate in the Dividend Reinvestment and Cash Purchase Plan (the “Plan”) of the Fund, and I hereby request enrollment in the Plan. In connection with my participation in the Plan, I appoint American Stock Transfer & Trust Company (the “Plan Agent”), as my agent under the Plan, subject to the terms below and the additional terms and conditions set forth in the Plan brochure, which I have received, and I authorize the Plan Agent to apply all dividends and other distributions as might be received by it for my account to the purchase of full and fractional shares of Fund Common Stock. In addition, I authorize the Fund to pay to the Plan Agent for my account, cash dividends and other distributions payable to me on the shares of Fund Common Stock registered in my name and/or to receive optional cash payments for the purchase of additional shares of Fund Common Stock. This authorization will remain in effect until I notify the Plan Agent, in writing, to change or to terminate my participation as set forth in the Plan.

The Plan allows me to reinvest all of my Fund cash dividends and other distributions in additional shares of Fund Common Stock and to purchase additional shares of Fund Common Stock by making optional cash payments. **All shares of Fund Common Stock purchased through the Plan, whether by reinvested dividends and other distributions or optional cash payments, will be held for me in the Plan, and the dividends and other distributions on those shares will be reinvested automatically.**

Please type or print name(s) exactly as shown on your shareholder account:

\_\_\_\_\_  
Shareholder name

\_\_\_\_\_  
Shareholder name

\_\_\_\_\_  
Shareholder account number (if known)

\_\_\_\_\_  
Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Shareholder daytime telephone number

\_\_\_\_\_  
Date of authorization

**All persons whose names appear on the shareholder account MUST sign below exactly as names appear on the shareholder account:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature