OLD NATIONAL BANCORP
Stock Purchase & Dividend Reinvestment Plan

REQUEST FOR WAIVER

This form is to be used only by Participants in the Old National Bancorp ("ONB") Stock Purchase & Dividend Reinvestment Plan (the "Plan") who are requesting authorization from ONB to make a cash purchase under the Plan in excess of the $15,000 monthly maximum. A new form must be completed each month the Participant wishes to make a cash purchase in excess of the $15,000 monthly maximum. This form will not be accepted by ONB unless it is completed in its entirety.

The Participant submitting this form hereby certifies that (a) the information contained herein is true and correct as of the date of this form; (b) the Participant has received a current copy of the Prospectus relating to the Plan; and (c) the Participant will submit a copy of this Request for Waiver (approved by ONB) to the Plan Administrator at the same time the cash purchase is submitted by the Participant. An Enrollment and Initial Investment Form (for new enrollments) or Broker and Nominee Form (for investments made through a broker or other nominee) may need to be included with this submission, if applicable.

This form should be completed and returned **(via email or facsimile)** to Old National Bancorp, Attn: Chief Legal Counsel (email: legal@oldnational.com or fax: 812-468-0399), by 10:00 a.m. Eastern Time on the day that is at least (2) business days prior to the Investment Date. For more information regarding the discount, if any, and threshold price, if any, that may be applicable to cash purchases made pursuant to an approved Request for Waiver, please email Old National Bancorp's Chief Legal Counsel at legal@oldnational.com.

Date	Cash Purchase Amount Requested
Participant's Signature	Social Security or Tax I.D. Number
Participant's Signature	Street Address
Print Name as it appears on share certificate (or name of beneficial owner)	City State Zip
Print Name as it appears on share certificate (or account number and location of shares held by a beneficial owner)	Phone Number Fax Number

Method of Payment: Check_____ Wire_____

ACCEPTED BY OLD NATIONAL BANCORP

Cash Investment Amount Approved:_____ By: _____

Threshold Price, if any:_____ Name:_____

Applicable Waiver Discount (0% - 5%):_____ Title: _____

Date: _____