COMMONWEALTH BANKSHARES, INC.
DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN
AUTHORIZATION CARD

To enroll in the Commonwealth Bankshares, Inc. Dividend Reinvestment and Stock Purchase Plan (the "Plan"), please print or type the following information and choose one of the investment options below. Sign where indicated and return (along with any optional cash payments) to Bank of the Commonwealth, Attn: Transfer Account Department, PO Box 1177, Norfolk, VA 23501-1177. **Please note that the shares you wish to enroll must be registered in your name**. If you have shares that are registered with a broker or nominee, ask your broker or nominee how you can participate in the Plan.

NAME _____
First Middle Initial Last

ADDRESS _____
Number Street

_____
City State Zip Code

SOCIAL SECURITY NUMBER OR TAX IDENIFICATION NUMBER _____

DAYTIME PHONE NUMBER _____

- ❑ Full Dividend Reinvestment – Reinvest any cash dividends that may become payable to me on all shares of Common Stock, $2.066 par value ("Shares"), of Commonwealth Bankshares, Inc. now or hereafter registered in my name, and any optional payments that I choose to send.
- ❑ Partial Dividend Reinvestment – Reinvest any cash dividends that may become payable to me on the following number of Shares registered in my name and any optional payments that I choose to send. _____ **Number of Shares**
- ❑ Optional Cash Payments Only – Reinvest only optional cash payments received from me (a check payable to "Bank of the Commonwealth" with this Authorization Card enclosed) and continue to pay dividends in cash for all of my Shares other than those in my Plan account.

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- ❑ I hereby acknowledge that I previously received the prospectus of Commonwealth Bankshares, Inc., Dividend Reinvestment and Stock Purchase Plan.
- ❑ I request that a copy of the prospectus of Commonwealth Bankshares, Inc. Dividend Reinvestment and Stock Purchase Plan be forwarded to me.

I hereby appoint Bank of the Commonwealth, or any successor, as my agent under the terms and conditions of the Plan as described in the prospectus for the Plan. I understand that I may revoke this authorization and withdraw from the Plan at any time by notifying the agent in writing of my desire to terminate my participation. (If Shares are registered in a joint account, both shareholders must sign below.)

_____ _____
Signature Signature of Co-holder (if any)

_____ _____
Date Date

NOTE: IF YOU DO NOT WISH TO PARTICIPATE IN THE PLAN, PLEASE DISREGARD THIS CARD.
THIS IS NOT A PROXY.