

CBIZ, INC.
Employee Stock Purchase Plan (ESPP)
OPTIONAL PURCHASE ELECTION FORM

Please print all items except signatures.

NAME: _____

DATE OF HIRE: _____

A. OPTIONAL CASH PURCHASE ELECTION:

I AM A CURRENT REGISTERED STOCKHOLDER – My 10-digit Stockholder Account No. is: _____

I AM A CURRENT REGISTERED STOCKHOLDER but do not have my account number: SSN _____

- ☐ I am a current stockholder, am enrolled in the Plan, and wish to make additional cash investment of \$ _____ (\$100 minimum). I have included a check made payable to "Computershare Investor Services as Agent for CBIZ ESPP." Cash investments should be mailed directly to Computershare at the following addresses: STANDARD DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, P.O. Box 43021, Providence, RI 02940, OVERNIGHT DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, 250 Royall Street, Canton, MA 02021.
- ☐ I am a current stockholder, am not enrolled in the Plan, and wish to make additional cash investment of \$ _____ (\$100 minimum). I have included a check made payable to "Computershare Investor Services as Agent for CBIZ ESPP." Cash investments should be mailed directly to Computershare at the following addresses: STANDARD DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, P.O. Box 43021, Providence, RI 02940, OVERNIGHT DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, 250 Royall Street, Canton, MA 02021.

I AM NOT A CURRENT REGISTERED STOCKHOLDER (For new investors or investors that have stock held by a Broker)

- ☐ I am not a current stockholder, am not enrolled in the Plan, and wish to make a cash investment of \$ _____ (\$100 minimum). I have included a check made payable to "Computershare Investor Services as Agent for CBIZ ESPP." Cash investments should be mailed directly to Computershare at the following addresses: STANDARD DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, P.O. Box 43021, Providence, RI 02940, OVERNIGHT DELIVERY – Computershare Investor Services, ESPP/Stock Option Cash, 250 Royall Street, Canton, MA 02021.

B. ACCOUNT ADDRESS AND TELEPHONE NUMBERS:

Street or PO Box

Apartment, Building or Suite Number

City State Zip

Please provide your day and evening phone numbers to assist us in processing your enrollment:

Daytime Phone: (____) _____

Evening Phone: (____) _____

I am a citizen of: () the United States

() **Other** _____

C. SIGNATURE

By completing and signing this form, I certify that I have received and read the Prospectus describing the CBIZ Employee Stock Purchase Plan (ESPP) and hereby request that the above account be enrolled in the Plan. I understand that participation is subject to the terms and conditions of the Plan as set forth in the Prospectus and that enrollment may be discontinued at any time in accordance to the Plan.

Under penalties of perjury, I certify that: A.) The number shown in Section A of this form is the correct Social Security Number or Tax ID Number; B.) I am not subject to backup withholding, either because (1) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (2) the IRS has notified me that I am no longer subject to backup withholding.

Stockholder Signature

Date

Agent contact information:
Computershare Investor Services
(800) 621-3777