CAPITOL BANKSHARES, INC.

CAPITOL BANKSHARES, INC. TRANSFER ON DEATH (TOD) DESIGNATION

SECTION 1: OWNER INFORMATION

The undersigned, together the ("Owners") own Shares (the "Shares") in Capitol Bankshares, Inc., a Wisconsin corporation ("Corporation"). Such Shares may be variously titled.

SECTION 2: DESIGNATION OF TRANSFER ON DEATH BENEFICIARY(IES)

Upon the death of the last surviving Owner, the Owners direct Corporation to transfer the Shares without probate to the following transfer on death beneficiary(ies):

Beneficiary's Name, Address and Relationship to Owner	Social Security Number	Date of Birth	Percentage (Total Must equal 100%)
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			

SECTION 3: DESIGNATION OF SECONDARY TRANSFER ON DEATH BENEFICIARY(IES)

In the event the beneficiary(ies) listed above do not survive Owners, the Owners direct Corporation to transfer the Shares without probate to the following transfer on death beneficiary(ies):

Secondary Beneficiary's Name, Address and Relationship to Owner	Social Security Number	Date of Birth	Percentage (Total Must equal 100%)
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			
Name: Address: Relationship to Owner:			

The transfers directed in this TOD Designation Form shall be made by Corporation within sixty (60) days of receipt of a certified copy of Owners' death certificates.

Owner	**Joint Owner, if any**
_____	_____
Signature	Signature
_____	_____
Type or Print Name	Type or Print Name
Date Signed:_____	Date Signed:_____

SECTION 4: SPOUSAL CONSENT AND WAIVER. This Section must be completed if Owner is married, lives in a community or marital property state, holds the Shares individually and names someone other than Owner's spouse as transfer on death beneficiary.

As Owner's spouse, I do hereby consent to the transfer on death beneficiary designations indicated on this form and waive any rights that I may have to the Shares under applicable community or marital property laws.

Spouse

_____
Signature

_____
Type or Print Name
Date Signed:_____

_____