



## AUTHORIZATION FOR AUTOMATIC DIVIDEND REINVESTMENT PLAN

I authorize Parker-Hannifin Corporation ("Parker") to make available to Shareowner Services, a division of Wells Fargo Bank, N.A. (the "Plan Administrator"), for my account cash dividends payable to me on Parker common stock registered in my name. I hereby acknowledge that Shareowner Services is the Plan Administrator for the Parker-Hannifin Corporation Stock Purchase and Dividend Reinvestment Plan (the "Plan") and that as Plan Administrator, subject to the terms and conditions of the Plan set forth in the accompanying prospectus, is authorized to apply all such cash dividend payments received by it to the purchase of full and fractional common stock of Parker. This authorization is given with the understanding that I may terminate it at any time by notifying the Plan Administrator.

**All cash dividends will be fully reinvested.**

Optional features — Please check the appropriate box or boxes:

- Optional Cash. Enclosed is a check payable to Shareowner Services for \$\_\_\_\_\_ (Min. \$10, Monthly Max. \$5,000).
- Automatic Monthly Withdrawal and Optional Cash Investment. (If this option is checked, please complete the reverse side of this card.)
- Safekeeping. Deposit the enclosed \_\_\_\_\_ common stock into the Plan for safekeeping.

**Please see the Plan prospectus for instructions.**

10 Digit Account Number

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**IMPORTANT — All registered owners must sign**

\_\_\_\_\_

Shareholder Signature

\_\_\_\_\_

Shareholder Signature

Date \_\_\_\_\_ 20\_\_\_\_\_

DRP 0709 PHCJ

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## AUTOMATIC CASH WITHDRAWAL AND OPTIONAL INVESTMENT

BANK ACCOUNT NUMBER \_\_\_\_\_

Checking (enclose voided check)

Savings (enclose deposit slip)

ABA/Routing Number\*    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_    \_\_\_

(Number always begins with 0, 1, 2, or 3)

Name of Bank \_\_\_\_\_

I authorize Wells Fargo Bank, N.A., to withdraw my investment payment electronically from my bank account. This authority remains in effect until I cancel. I have enclosed a voided check or deposit slip.

Please withdraw \$\_\_\_\_\_ per investment\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*Please contact your bank or financial institution to verify your ABA number. Electronic withdrawals can only be made from banks or financial institutions operating in the United States. All withdrawals must be made in U.S. funds.*

*\*\*Please refer to Plan brochure for timing and limits of investments.*