

DIRECT STOCK PURCHASE AND SALE PLAN FOR SHARES OF
GENERAL AMERICAN INVESTORS COMPANY, INC.

ENROLLMENT APPLICATION

I (We) hereby appoint American Stock Transfer & Trust Company as my (our) Agent under the terms and conditions of the Plan, as described in the Brochure of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of General American Investors Company, Inc. Common Stock as indicated below.

NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.

ACCOUNT INFORMATION

- 1. SINGLE/JOINT: Joint account will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. The Social Security Number of the first-named tenant is required.
2. CUSTODIAL: A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gift to Minors Act in the minor's state of residence. The minor's Social Security Number is required.
3. TRUST: Account is established in accordance with the provisions of a trust agreement.

This form, when completed and signed, should be mailed with your check (payable to American Stock Transfer & Trust Company) in the envelope provided. If you do not have the envelope, mail your check (payable to American Stock Transfer & Trust Company) and the form to

American Stock Transfer & Trust Company
P.O. Box 922, Wall Street Station, New York, New York 10269-0560
Attn: Investors Choice Plan

If your name is preprinted above, it is for mailing purposes only. Please complete one of the boxes below for the exact account registration.

ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

Grid for Social Security or Taxpayer Identification Number

I hereby warrant, under penalty of perjury, that the number provided above is correct.

Registration form with three columns: SINGLE/JOINT ACCOUNT, CUSTODIAL ACCOUNT, and TRUST ACCOUNT. Each column contains fields for Name, Joint Owner, Custodian's Name, Minor's Name, Trustee Name, Trust Name or Beneficiary, and Minor's State of Residence/Date of Trust.

ACCOUNT ADDRESS STREET CITY STATE ZIP CODE

SIGNATURE(s) All Joint Owners Must Sign

ATTACHED IS A CHECK FOR \$

MINIMUM INITIAL INVESTMENT IS \$500 FOR NEW INVESTORS
MINIMUM INVESTMENT IS \$100 FOR STOCKHOLDERS OF RECORD AND CURRENT PLAN PARTICIPANTS
MAXIMUM INVESTMENT IS \$10,000 AT ANY ONE TIME

COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS

I (We) hereby authorize American Stock Transfer & Trust Company to make monthly automatic transfers of funds from the checking or savings account in the amount stated below. This monthly deduction will be used to purchase shares of General American Investors Company, Inc. Common Stock for deposit into my (our) General American Investors Company, Inc. account.

Signature(s) _____

Date _____ Daytime Phone Number _____

1. Indicate the Type of Account: Checking or Savings.
2. Print the complete Bank Account Number.
3. Print the name on Bank Account as it appears on your bank statement.
4. Print the complete name of your financial institution, including the branch name and address.
5. Print the ABA Number (Bank Number) from your check or savings deposit slip.
6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$100 per month and the maximum is \$10,000 per month from your checking or savings account to purchase General American Investors Company, Inc. Common Stock.

Please enclose a copy of a VOIDED check or savings deposit slip to verify banking information.

FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.

Please Print All items

1. Type of Account Checking Savings

2. _____
 Bank Account Number

3. _____
 Name of Bank Account

4. _____
 Financial Institution

 Branch Name

 Branch Street Address

 Branch City, State and Zip Code

5. _____
 ABA Number

6. \$ _____
 Amount of automatic deduction

PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.

Name on Bank Account

Financial Institution and Branch information

JOHN A. DOE
MARY B. DOE
 123 YOUR STREET
 ANYWHERE, U.S.A. 12345

PAY TO THE ORDER OF _____

First National Bank of Anywhere
 123 Main Street
 Anywhere, U.S.A. 12345

FOR _____

⑆07 10000 13⑆ 1 234 56 789 ⑈

_____ 20 _____

63-858
670

\$ []

_____ DOLLARS

SAMPLE (NON-NEGOTIABLE)