

OFFERED TO TENNESSEE RESIDENTS ONLY

AUTHORIZATION FORM

AUTHORIZATION FOR AUTOMATIC DIVIDEND REINVESTMENT SERVICE

Please enroll the undersigned in the First Freedom Bancshares, Inc. Dividend Reinvestment Plan, dated as of March 18, 2014 (the "Plan"). By the signature(s) below, the undersigned authorize(s) First Freedom Bancshares, Inc. (the "Company") to reinvest all cash dividends payable to the undersigned on all shares of Company Stock registered in the undersigned's name in whole and fractional shares of the applicable class(es) of Company Stock, subject to the terms and conditions of the Plan. Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Plan.

The undersigned hereby represents, warrants, certifies and covenants to the Company that:

(1) The undersigned is the record holder of shares of Company Stock and has read and understood the Plan and the prospectus related to the Plan, both of which are available at our website, www.firstfreedombank.com and agrees with the terms of the Plan;

(2) If the undersigned is a natural person, the undersigned has his or her personal residence in the State of Tennessee and will promptly notify the Company if the undersigned moves his or her personal residence outside the State of Tennessee, and the undersigned acknowledges that he or she will not be eligible to participate in the Plan if not a resident of the State of Tennessee;

(3) If the undersigned is an entity, the undersigned has its principal office within the State of Tennessee and will promptly notify the Company if the undersigned moves its principal office outside the State of Tennessee, and the undersigned acknowledges through its authorized representative that it will not be eligible to participate in the Plan if its principal office is not in the State of Tennessee; and

(4) If the undersigned is an individual retirement account ("IRA"), the grantor and beneficial owner of such IRA is a resident of the State of Tennessee and is the person responsible for directing this investment by the IRA.

Date: _____, 20__

(Signature of Share Holder) (Print Name of Share Holder)

(Additional Signature if required)

(In signing as attorney, executor, administrator, trustee or guardian, please give full title as such, and, if signing for a corporation or other entity, please give your title. When shares are held in the names of more than one person, each should sign above.)

Address of Personal Residence or Principal Office:

THIS IS NOT A PROXY

This authorization form will be used for all stock, regardless of class, that you own or control.