ELECTRONIC BANKING FORM

AUTOMATIC DIVIDEND DEPOSIT / AUTOMATIC ACH INVESTMENT

ALLETE STOCK ACCOUNT INFORMATION

ALLETE Shareholder Account Number: _____

Shareholder Name(s): _____

Mailing Address: _____

City/State/Zip: _____ Phone Number: _____

AUTOMATIC DIVIDEND DEPOSIT / AUTOMATIC ACH INVESTMENT

AUTOMATIC DIVIDEND DEPOSIT

☐ I (we) authorize ALLETE to electronically deposit quarterly dividend payments to the bank or other financial institution as indicated below.

- ☐ Initial Enrollment for Direct Deposit
- ☐ Change Bank Account Information
- ☐ Discontinue Direct Deposit

AUTOMATIC ACH INVESTMENT

☐ I (we) authorize ALLETE to electronically withdraw funds from the bank or other financial institution as indicated below. These funds are to be used for the purchase of ALLETE common stock as defined by the terms and conditions of *Invest Direct*®, ALLETE's direct stock purchase and dividend reinvestment plan. This information will be used for (please check all that apply):

- ☐ ACH One-Time Investment
- ☐ ACH Recurring Monthly Investment
- ☐ Change Amount of Current ACH Investment
- ☐ Change Current Bank Account Information
- ☐ Discontinue ACH Investment

Please Electronically Withdraw $_____ per Investment as Indicated Above.

(Minimum investment = $10/month; Maximum investment = $250,000/year)

BANK OR OTHER FINANCIAL INSTITUTION ACCOUNT INFORMATION

Electronic withdrawals and deposits can only be made from or to banks operating in the United States.

Name of Bank or Financial Institution: _____

Mailing Address: _____

City/State/Zip: _____ Phone Number: _____

Please Check One: ☐ Checking Account ☐ Savings Account

Bank or Financial Institution Account Number: _____

ABA Routing Number (9 digits, beginning with a 0, 1, 2 or 3): ☐☐☐☐☐☐☐☐☐

(enclosed a voided check)

AUTHORIZATION FOR AUTOMATIC DIVIDEND DEPOSIT / AUTOMATIC ACH INVESTMENT (all shareowners must sign)

The authorization will remain in effect until we receive written notification to terminate or revise it. ALLETE reserves the right to terminate this service at any time. It is the responsibility of the shareholder(s) to notify us of changes in financial institution information.

_____ _____

Shareowner's Signature Date | Shareowner's Signature (if multiple owners) Date

_____ _____

Shareowner's Signature (if multiple owners) Date | Shareowner's Signature (if multiple owners) Date

Mail completed form (along with pertinent information) to:
ALLETE/Shareholder Services, 30 West Superior Street, Duluth, MN 55802-2093
Questions? 8:00 a.m. to 4:00 p.m. CST, M-F 218-355-5974 or 800-535-3056; shareholder@allete.com; www.allete.com