

# Customer Stock Purchase Plan authorization



Otter Tail Corporation's Customer Stock Purchase Plan is a special feature of the Corporation's Automatic Dividend Reinvestment and Share Purchase Plan. I / we, as a retail customer of Otter Tail Power Company, hereby authorize the Corporation, under the terms and conditions of the Otter Tail Corporation Automatic Dividend Reinvestment Plan and Share Purchase Plan (the "Plan"), to establish an account. (See back of this form.) By signing below, I / we certify that I/we have received and read a copy of the plan prospectus.

Shareholder Services  
215 South Cascade  
PO Box 496  
Fergus Falls, MN 56538-0496

toll free: 800-664-1259  
local: 218-739-8479  
email: [sharesvc@otpc.com](mailto:sharesvc@otpc.com)  
web site: [www.ottertail.com](http://www.ottertail.com)

## Enrollment information

- ☐ I / we wish to enroll by making an initial investment.  
(Minimum initial investment is \$100 — maximum \$10,000). **Enclosed is a check payable to: Otter Tail Corporation. Please return this form with your check directly to the Shareholder Services Department at the address listed above.**
- ☐ I participate in the Ready Check program for my utility bill.  
Please add \$ \_\_\_\_\_ per month (minimum is \$10 per month) for stock purchase.  
**(Note: You must make an initial investment of \$100 and return it with this form to the address listed above.)**

## Your account information (See account types on reverse side)

Your name \_\_\_\_\_

Joint owner (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security number \_\_\_\_\_ Account number (from energy bill) \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint signature (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

## Substitute W-9

**Enter your Social Security number or Taxpayer ID from above** \_\_\_\_\_

Under penalties of perjury, I certify that: **(1)** The number shown on this form is my correct Social Security number or Taxpayer ID number; **(2)** I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a failure to report all interest or dividends, or the IRS notified me that I am no longer subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Account type** - Please select one below

- ☐ **Individual ownership**
- ☐ **Joint ownership** (With Right of Survivorship)
- ☐ **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 Transfers to Minors Act in the minor's state of residence.

Custodian's name \_\_\_\_\_  
first middle initial last

Minor's name \_\_\_\_\_  
first middle initial last

Minor's Social Security number **(required)** \_\_\_\_\_

- ☐ **Trust account** - is established in accordance with provisions of a trust agreement. Please attach a copy of the first and last page of the trust.  
Trustee(s) name(s) \_\_\_\_\_

Date of Trust \_\_\_\_\_ Name of Trust \_\_\_\_\_

- ☐ **Transfer on death** - The shares transfer to the beneficiary upon the death of the shareholder.  
**Only one beneficiary per account is allowed.**

Name of beneficiary \_\_\_\_\_  
first middle initial last