



ALLETE'S DIRECT STOCK PURCHASE AND DIVIDEND REINVESTMENT PLAN ACCOUNT AUTHORIZATION FORM

Please print all items except signatures.

A. Account Classification (check only one)

ALLETE CUSTOMERS (see Plan Prospectus) who do not have an Invest Direct account may enroll in the Plan by making an initial cash investment of at least \$10. I have included a check in the amount of \$ _____ for my initial investment, made payable to ALLETE. I am a customer of: _____; customer account number (if known) _____.

OTHER INTERESTED INVESTORS may enroll in the Plan by making an initial cash investment of at least \$250 and no more than \$250,000 (annual maximum). We will waive the minimum initial investment requirement for Plan participants who sign up for investments of optional cash under the Plan of at least \$50 per month via automatic cash withdrawal from their bank for at least a six-month period. The minimum initial investment for custodial accounts is \$50. I have included a check in the amount of \$ _____ for my initial investment, made payable to ALLETE. Complete Section D. for Automatic (ACH) Investments If applicable.

B. Account Registration Information (check only one)

Individual/Joint—If Joint, will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated.

Shareowner's First Name, MI, Last Name _____ Shareowner's First Name, MI, Last Name (if multiple owners) _____

Shareowner's First Name, MI, Last Name (if multiple owners) _____ Shareowner's First Name, MI, Last Name (if multiple owners) _____

Transfer on Death (TOD) (optional)—The shares transfer onto the beneficiary upon the death of the shareholder(s). A minor beneficiary designation must also include a custodian for that minor. One beneficiary is allowed per account.

Beneficiary's First Name, MI, Last Name _____ Custodian for Minor Beneficiary (if applicable) _____

Custodial—A minor is the beneficial owner of the account with an adult custodian managing the account until the minor reaches legal age, as specified in the Uniform Transfer/Gift to Minors Act. A custodial account cannot have a beneficiary.

Custodian's First Name, MI, Last Name _____ Minor's First Name, MI, Last Name _____ State of Residence _____

Trust—Account is established in accordance with the provisions of a trust agreement.

Trustee's First Name, MI, Last Name _____ Trustee's First Name, MI, Last Name (if multiple trustees) _____

Name of Trust _____ Date of Trust _____

Other Entity—Corporation, Partnership, etc. Please contact us if you have questions regarding proper registration.

Shareholder's First Name, MI, Last Name _____ Corporation, Partnership, etc. _____

Social Security Number/Employer Identification Number: _____ Print the name of the shareowner whose number you provide: _____
Mailing Address: _____
City/State/Zip: _____
Phone Number: _____ E-mail Address: _____
I am a citizen of: [] the United States or [] Other (please specify) _____

C. Dividends (check only one)

If you do not check any box, your account will receive Full Dividend Reinvestment. Note: Under each of these options listed below, participants may make optional cash investments at any time.

Full Dividend Reinvestment—I wish to reinvest all dividends from shares registered in this account (internal use only—RD).

Partial Dividend Reinvestment—Reinvest only a portion of dividends from shares registered in this account as indicated below (internal use only—RX%).

_____% of dividends to be reinvested (increments of 10%); _____% of dividends to be received in cash (total must equal 100%).

Cash Payments Only—All dividends from shares registered in this account will be paid directly to me in cash (internal use only—RP).

Mail completed form 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

D. Automatic Dividend Deposits / ACH Investments

Automatic Dividend Deposit

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

Automatic ACH Investment

I (we) authorize ALLETE to electronically withdraw funds from my (our) 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 the Plan. This information will be used for (please check all that apply):

- Initial ACH One-Time Investment—Must be at least \$250
- Initial ACH Recurring Monthly Cash Investment—Must be at least \$50 for at least 6 months*
- Other ACH Recurring Monthly Cash Investment—Minimum investment = \$10/mo. after initial investment*

Please Electronically Withdraw \$ _____ per Investment as Indicated Above.

NOTE: Maximum investment = \$250,000/yr.

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

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 (enclose a voided check) Savings Account (enclose a deposit slip)

Bank or Financial Institution Account Number: _____

ABA Routing Number (9 digit #: always begins with a 0, 1, 2 or 3):

Check this box if you would like to receive instructions for online access at ShareownerOnline.com. An Authentication ID and sign up instructions will be mailed to the address in Section B. If you provided an email address, the Authentication ID will be emailed. Some restrictions may apply. Online account access is not available for accounts registered in the name of a Corporation, Partnership, Investment Club, Bank, or Brokerage firm where multiple individuals are authorized to perform transactions.

E. Signatures

I have received and read the prospectus describing Invest Direct, ALLETE's direct stock purchase and dividend reinvestment plan, and hereby request that the above account be enrolled in the Plan. I understand that participation is subject to the terms and conditions of the Plan as set forth in the prospectus that accompanied this Account Authorization Form, and that enrollment may be discontinued at any time by written notice to ALLETE. I hereby appoint ALLETE as agent for applying dividends and any investments I may make to the purchase of shares under the Plan.

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person, and 4. the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (No FATCA reporting code is required for accounts maintained in the United States). FATCA Exemption Reporting Code: _____ (Codes are available with the official IRS Form W-9 found at www.irs.gov). **Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Required: Check appropriate box for federal tax classification:

Individual/Sole Proprietor C Corporation S Corporation Partnership Trust/Estate
 Limited Liability Company. Enter tax classification (C=C corporation, S=S corporation, P=partnership): _____

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

*****IMPORTANT: All shareowners must sign*****