



IntegrYS Energy Group, Inc.
STOCK INVESTMENT PLAN
EMPLOYEE ENROLLMENT FORM

Send to: Human Resources
 IntegrYS Energy Group, Inc.
 130 East Randolph Drive, 21st Floor
 Chicago, IL 60601-9404

(Please print)

 Name

 Social Security Number

 Street or P.O. Box

 City State Zip Code

I. PLAN PARTICIPATION **REQUIRED**

- 1. **FULL DIVIDEND REINVESTMENT.** Reinvest all dividends on all shares.
- 2. **PARTIAL DIVIDEND REINVESTMENT.** Send cash dividends on _____ shares and reinvest the dividends on any balance of shares.
- 3. **NO REINVESTMENT.** Send cash dividends on all shares.
- 4. **OPTIONAL CASH PAYMENTS.** I am returning an optional cash payment (Minimum \$25, Maximum \$100,000 per year) with this form. I have made my check payable to AMERICAN STOCK TRANSFER & TRUST COMPANY. **AMOUNT ENCLOSED \$**_____.

II. PAYROLL DEDUCTION

PAYROLL DEDUCTION. I wish to have \$ _____ **deducted from each paycheck** as an optional cash payment to be invested on the next investment date.

III. SIGNATURE **REQUIRED**

By completing and signing this form, I acknowledge receipt of the Prospectus describing the details of the IntegrYS Energy Group, Inc. Stock Investment Plan and hereby request that the above account be enrolled in the Plan. I understand that the account's participation is subject to the terms and conditions of the Plan as set forth in the Prospectus that accompanied this Enrollment Form, and that deductions may be discontinued at any time by giving notice to the Payroll Department at IntegrYS Energy Group, Inc.

Enrollment in the Plan may be discontinued at any time by giving notice to American Stock Transfer & Trust Company at 1-800-236-1551.

Under penalties of perjury, I also certify that: 1) the number shown on the top of this form is the correct taxpayer identification number, and 2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. **(If you are subject to backup withholding and are merely providing your correct taxpayer identification number, you must cross out item 2 in this paragraph before signing this form.)**

Signature

Date

OFFICE USE ONLY

Employee Number