

COMPLETE THIS PART ONLY IF YOU WANT THE AUTOMATIC INVESTMENT OPTION

I (We) hereby authorize American Stock Transfer & Trust Company to make automatic monthly withdrawals of funds on the 3rd day of each month from the checking or savings account designated below in the amount stated below. This monthly withdrawal will be used to purchase shares of Integrys Energy Group, Inc. Common Stock for deposit into my (our) Integrys Energy Group, Inc. account.

In addition, in the unlikely event that an erroneous deposit should transpire, I authorize American Stock Transfer & Trust Company and the financial institution indicated below to correct such inaccuracy with a credit or debit to the same account.

Signature(s) _____

Date _____

Daytime
 Phone Number _____

Complete the next section using the following instructions.

1. Indicate the Type of Account: Checking or Savings.
2. Print the complete Bank Account Number.
3. Print the Name on Bank Account as it appears on your bank statement.
4. Print the complete name of your financial institution, including the branch name and address.
5. Print the ABA Number (Bank Number) from your check or savings deposit slip.
6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be withdrawn from your account on the 3rd day of each month. The minimum is \$25 per month and the maximum is \$100,000 annually from your checking or savings account to purchase Integrys Energy Group, Inc. Common Stock.
7. This authorization is in force and effect until American Stock Transfer & Trust Company has received written notification from me (us) of its termination not less than 30 days before the effective date of the withdrawal, or until this service is terminated by Integrys Energy Group, Inc.

**Please enclose a copy of a VOIDED check to verify banking information.
 If your account is not a checking account, contact your financial institution to assist you in completing the information.**

FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.

Please Print All Information

1. Type of Account Checking Savings

2. _____
 Bank Account Number

3. _____
 Name on Bank Account

4. _____
 Financial Institution

 Branch Name

 Branch Street Address

 Branch City, State and Zip Code

5. _____
 ABA Number

6. \$ _____
 Amount of automatic deduction

PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.

Name on Bank Account

Financial Institution and Branch information

JOHN A. DOE
MARY B. DOE
 123 YOUR STREET
 ANYWHERE, U.S.A. 12345

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

First National Bank of Anywhere
 123 Main Street
 Anywhere, U.S.A. 12345

FOR _____ **SAMPLE (NON-NEGOTIABLE)**

⑆07⑆0000⑆⑆⑆⑆ ⑆23456789⑆

ABA Number

Bank Account Number