



Website: allete.com E-mail address: shareholder@allete.com

INVEST DIRECT

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

Please print all items except signatures. QUESTIONS? Call toll-free 800-535-3056 from 8 a.m. to 4:30 p.m. Central Time, Monday through Friday. Mail your completed Account Authorization Form to ALLETE in the courtesy envelope provided.

A. Account Classification (check only one)

CUSTOMERS who do not already own ALLETE common stock may enroll in the plan by making an Initial Cash Investment of at least \$10.00. I have included a check in the amount of \$_____ for my initial investment, made payable to ALLETE.

I am a customer of: _____ (affiliated company, see prospectus)

Account Number (if known) _____

OTHER INTERESTED INVESTORS who do not currently own ALLETE common stock may enroll in the plan by making an Initial Cash Investment of at least \$250.00. I have included a check in the amount of \$_____ for my initial investment, made payable to ALLETE.

B. Account Registration and Mailing Address - TYPE OF ACCOUNT: (CHOOSE ONLY ONE) - PROVIDE ALL REQUESTED INFORMATION

Joint - Will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated. Only one (1) social security number is required for tax reporting.

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 Gift/Transfer to Minor's Act. A custodian account cannot have a beneficiary.

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

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

Transfer on Death (TOD) - The shares transfer onto the beneficiary upon the death of the shareholder. One beneficiary is allowed per account.

A minor beneficiary designation must also include a custodian for that minor.

Form with checkboxes for Individual/Joint, Custodial, Trust, Transfer On Death (TOD), and Other Entity. Includes fields for names, addresses, and Social Security/Tax Identification Number.

ACCOUNT ADDRESS and TELEPHONE NUMBERS

Form for account address and telephone numbers, including fields for Street or PO Box, Apartment, Building or Suite Number, City, State, Zip, Daytime Phone, and Evening Phone.

Please provide your day and evening phone numbers to assist us in processing your enrollment.

Daytime Phone: (____) _____ - _____

Evening Phone: (____) _____ - _____

I am a citizen of: [] the United States or [] Other (please specify)

C. Dividends

Check only one (1) box. If you do not check any box, your account will receive FULL DIVIDEND REINVESTMENT.

Note: Under each of these reinvestment 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 my name and held in my Plan account to purchase additional shares of ALLETE common stock. (Internal use only - RD)

Partial Dividend Reinvestment. I wish to reinvest only a portion of dividends from shares registered in my name or held in my Plan account to purchase additional shares of ALLETE common stock (remember to indicate % of dividends to be received). (Internal use only - RX%)

_____ % of dividends to be reinvested in ALLETE common stock (increments of 10%).

_____ % of dividends to be received in cash (increments of 10%).

NOTE: The combined total of the two percentages above must equal 100%.

C. Dividends (Continued)

- Cash Payments Only (No Dividend Reinvestment).** All cash dividends from shares registered in my name or held in my Plan account will be paid directly to me in cash. (Internal use only — **RP/0%**)
- I am interested in having my dividends automatically deposited to my bank account.

<p>BANK ACCOUNT INFORMATION</p> <p>Choose one account (below) into which dividend check will be transferred:</p> <p><input type="checkbox"/> Deposit in Checking. Account number _____</p> <p><input type="checkbox"/> Deposit in Saving. Account number _____</p> <p>Important: Please be sure to enclose a voided check with this form.</p> <p>_____ Signature of authorized shareholder (if joint account, both must sign.)</p> <p>_____ Signature _____ Date _____</p> <p>_____ Signature _____ Date _____</p>	<p>AUTHORIZATION FOR DEPOSIT OF DIVIDEND PAYMENTS</p> <p>I (we) authorize ALLETE to transfer my (our) dividends electronically to my (our) account. This authority remains in effect until I (we) cancel it in writing.</p> <p>_____ Name(s) (as shown on stock account)</p> <p>_____ Shareholder Address _____ Phone _____</p> <p>_____ Shareholder Account Number _____ Social Security Number _____</p> <p>_____ Financial Institution _____ Phone Number _____ ABA Routing No. _____</p>
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D. Automatic Cash Withdrawal and Investment (ACH)

In order to have your cash investment automatically withdrawn from your checking or savings account each month, complete the information below. The automatic cash withdrawal minimum is \$10.00. **Please remember: to open your stock account the minimum initial cash investment still applies. (See Section A).**

<p>BANK ACCOUNT INFORMATION</p> <p><input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i></p> <p>Please attach a voided check for account verification.</p> <p>_____ Name of Financial Institution</p> <p>_____ ABA Routing Number (Number always begins with a 0, 1, 2 or 3)</p> <p>_____ Bank Account Number Bank Telephone _____</p> <p>_____ Mailing Address of Bank</p> <p>_____ City State Zip</p>	<p>AUTHORIZATION</p> <p>I (we) authorize ALLETE to electronically withdraw from my (our) account</p> <p style="text-align: center;">\$ _____ .00 per month (\$10.00 minimum)</p> <p>and to apply amounts so deducted to the purchase of ALLETE common stock as defined by the terms and conditions of the Plan. This authority remains in effect until I cancel it in writing. I have attached a voided check.</p> <p><input type="checkbox"/> Please discontinue withdrawing funds from my checking/savings account.</p> <p>_____ Signature*</p> <p>_____ Signature*</p> <p><small>* A medallion signature guarantee is necessary if the name(s) on the bank account is/are different from the name(s) on your stockholder account.</small></p>
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E. Signatures **IMPORTANT: All joint owners must sign.**

By completing and signing this form, I certify that 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 further understand that all dividends paid on the shares registered in my name and held in my Plan account will be reinvested as selected above. I hereby appoint ALLETE as agent for applying dividends and any investments I may make to the purchase of shares under the Plan.

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

- Check this box if you have been notified by the IRS that you are subject to backup withholding because of underreporting of interest or dividends on your tax returns.

Stockholder Signature Date

Stockholder Signature (second if Joint Account) Date

Stockholder Signature (third if Joint Account with 3rd owner) Date