





**Bank Authorization Agreement** You may also complete this section online by going to [www.shareowneronline.com](http://www.shareowneronline.com).

**DIRECT DEPOSIT OF DIVIDENDS**

I (We) hereby authorize to have my (our) dividends that are **not** reinvested automatically deposited into my (our) bank account. (Please complete the Bank Account Information section below.) If this option is **not** selected, your dividend check will be mailed to your address of record.

Wells Fargo Shareowner Services (WFSS) is authorized to deposit my dividend payment by electronic funds transfer in the **United States financial institution** account indicated below. This will be effective for all companies that offer Direct Deposit, for which I am a registered shareowner and WFSS acts as Paying Agent. WFSS is authorized to initiate corrections to any amount transferred in error, and any claim against WFSS or the financial institution involved is waived with respect to the operation of this service. This authorization will remain in effect until WFSS receives notice to terminate or revise it. WFSS and the financial institution reserve the right to terminate this service at any time. It is the shareowner's responsibility to notify WFSS of changes in financial institution information. **Please note that all persons whose names appear on the shareholder account MUST sign in Section 7.**

**AUTOMATIC ADDITIONAL INVESTMENT**

FOR CURRENT SHAREHOLDERS: I (We) hereby choose to make additional investments in The Allstate Corporation Common Stock by authorizing automatic monthly deductions of \$\_\_\_\_\_ (minimum of \$50.00; calendar year maximum of \$150,000.00) from my (our) bank account. (Please complete the Bank Account Information section below.)

FOR NEW INVESTORS: I (We) hereby choose to initiate my (our) investment in The Allstate Corporation Common Stock by authorizing automatic monthly deductions of \$\_\_\_\_\_ (minimum of \$50.00; calendar year maximum of \$150,000.00) for a minimum of at least 10 consecutive months from my (our) bank account. (Please complete the Bank Account Information section below.) I have enclosed my check for at least \$50.00 to cover the first optional cash investment plus the enrollment fee of \$10.00 made payable to Shareowner Services.

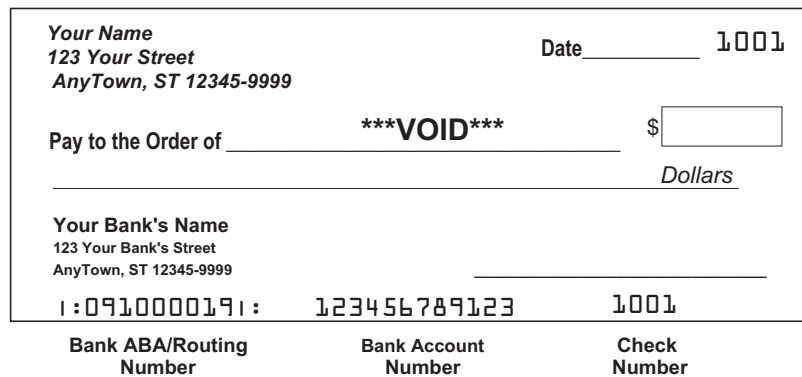
Upon receipt of this form, properly completed, the Administrator will contact your bank to deduct the amount indicated from your bank account on or about the 1st, 15th or both of each month. The Administrator will invest in The Allstate Corporation Common Stock typically within 5 business days after your account is debited. Such deductions and investments will continue monthly until you notify the Administrator to change or discontinue them. Should your bank account contain uncollected funds to cover the authorized deduction, no deduction or investment will occur. In such event, you will be charged a fee by Wells Fargo Bank, N.A.

*I (We) hereby authorize the Administrator and the bank or financial institution indicated below to deduct from my (our) bank account and apply amounts so deducted to the purchase of The Allstate Corporation Common Stock under the account designated. The authority remains in effect until I (we) cancel.*

**Automatic Cash Withdrawal and Investment and/or Direct Deposit of Dividends (ACH)**

To have your cash investment automatically withdrawn from your checking or savings account each month and/or to have your dividends directly deposited to your checking or savings account, provide the information requested below.

**Diagram of Sample Bank Check**



- Please discontinue my (our) automatic monthly investments. (Remember to have all owners sign the form.)
- I would like to change the amount withdrawn from my (our) bank account each month. (Fill out the Bank Authorization Agreement portion of this section and have all owners sign the form.)

**Your Bank Account Information**

- Checking Account** — Enclose a voided check for verification
- Savings Account** — Enclose a deposit slip for verification

**Bank or Financial Institution ABA/Routing Number\***  
Number ALWAYS begins with 0, 1, 2 or 3

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- 1st of the Month** If you do not check any box, then the first of the month will be assumed.
- 15th of the Month**

**Bank or Financial Institution Account Number**

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**Name of Bank or Financial Institution**  
\*Please contact your bank or financial institution to verify your ABA/Routing Number. Electronic withdrawals & deposits can only be made from or to banks or financial institutions operating in the United States. All withdrawals must be made in U.S. funds.

PLEASE DO NOT DETACH.

7.

**Account Authorization Signature** (required) **IMPORTANT: ALL JOINT OWNERS MUST SIGN.**

By completing and signing this form, I (we) certify that I (we) have received and read The Allstate Corporation Plan Brochure/Prospectus and hereby request that, for new shareholders, the above account be enrolled in the Plan, or, for current shareholders, the above account be modified to reflect all the elections made above. I (We) understand that participation is subject to the terms and conditions of the Plan as set forth in the brochure/prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Wells Fargo Bank, N.A. I (We) further understand that all dividends paid on the shares registered in my (our) name and held in my (our) Plan account will be reinvested or paid in cash as selected above. I (We) hereby appoint Wells Fargo Bank, N.A. as agent for applying dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

For new shareholders: Under penalties of perjury, I (we) certify that: The number shown in Section 1 of this form is the correct Social Security Number or Tax ID Number and I (we) am (are) not subject to backup withholding, either because (1) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of failure to report all interest or dividends, or (2) the IRS has notified me that I (we) am (are) 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.

**MY (OUR) SIGNATURE(S) BELOW INDICATE(S) I (WE) HAVE READ THE ALLSTATE CORPORATION PLAN BROCHURE/PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN.**

**Signature of Owner**

**Date** (month, day, year)

**Signature of Joint Owner** (if applicable)

**Date** (month, day, year)

**Signature of Second Joint Owner** (if applicable)

**Date** (month, day, year)

Mail completed form to:  
Wells Fargo Shareowner Services  
P.O. Box 64856  
St. Paul, MN 55164-0856

