

**DIRECT STOCK PURCHASE PLAN  
FOR SHARES OF  
ATMOS ENERGY CORPORATION  
ENROLLMENT APPLICATION**

Please enroll this account as follows:

Check one box only (

If you do not check any box, then **FULL DIVIDEND REINVESTMENT** will be assumed.

**FULL DIVIDEND REINVESTMENT**  
Reinvest all dividends for this account.

**PARTIAL DIVIDEND REINVESTMENT**  
Reinvest dividends on \_\_\_\_\_ shares held by me in certificate form and pay dividends in cash on all remaining shares held by me in certificate form and on all shares held by the Plan Administrator.

**OPTIONAL CASH INVESTMENTS ONLY (NO DIVIDEND REINVESTMENT)**  
All dividends will be paid in cash.

I (We) hereby appoint American Stock Transfer & Trust Company as my (our) agent under the terms and conditions of the Plan, as described in the Prospectus of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of Atmos Energy Corporation Common Stock as indicated below.

**NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.**

ACCOUNT INFORMATION

- SINGLE/JOINT:** Joint account will be presumed to be joint tenants with right of survivorship unless restricted by applicable state law or otherwise indicated. The Social Security Number of the first-named tenant is required.
- CUSTODIAL:** A minor is the beneficial owner of the account with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Gift to Minors Act in the minor's state of residence. The minor's Social Security Number is required.
- TRUST:** Account is established in accordance with the provisions of a trust agreement.

**This form, when completed and signed, should be mailed with your check in the blue envelope provided. Please affix postage to ensure proper processing. If you do not have the envelope, mail your check and the form to:**

**Atmos Energy Corporation  
c/o American Stock Transfer & Trust Company  
P.O. Box 922, Wall Street Station, New York, New York 10269-0560  
Attn: Direct Stock Purchase Plan**

If your name is preprinted above, it is for mailing purposes only. Please complete one of the boxes below for the exact account registration.

**ACCOUNT LEGAL REGISTRATION (CHOOSE ONE):**

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

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I hereby warrant, under penalty of perjury, that the number provided above is correct.

<input type="checkbox"/> <b>SINGLE/JOINT ACCOUNT</b>  _____ Name  _____ Joint Owner (if any)  _____ Joint Owner (if any)	<input type="checkbox"/> <b>CUSTODIAL ACCOUNT</b>  _____ Custodian's Name  _____ Minor's Name  _____ Minor's State of Residence	<input type="checkbox"/> <b>TRUST ACCOUNT</b>  _____ Trustee Name  _____ Trust Name or Beneficiary  _____ Date of Trust
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ACCOUNT ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE(S) \_\_\_\_\_  
All Joint Owners Must Sign

ATTACHED IS A CHECK FOR \$

**MINIMUM INITIAL INVESTMENT IS \$1,250 FOR NEW INVESTORS AND FOR SHAREHOLDERS OWNING FEWER THAN 50 SHARES. MAXIMUM INVESTMENT IS \$100,000 PER CALENDAR YEAR.**