

6.

Bank Authorization Agreement You may also complete this section online by going to 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.

AUTOMATIC ADDITIONAL INVESTMENT

FOR CURRENT SHAREHOLDERS: I (We) hereby choose to make additional investments in Edison International Common Stock by authorizing automatic monthly deductions of \$_____ (minimum of \$25.00/monthly maximum of \$20,000.00) 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 Edison International Common Stock by authorizing automatic monthly deductions of \$_____ (minimum of \$100.00/monthly maximum of \$20,000.00) 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 \$100.00 to cover the first optional cash investment plus the enrollment fee of \$15.00 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 five days prior to investment date. The Administrator will invest in Edison International Common Stock beginning on the third Thursday of each month, or if the third Thursday is not a trading day, the next trading day following the third Thursday of each month. 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 Edison International Common Stock under the account designated. The authority remains in effect until I (we) cancel.

Automatic Cash Withdrawal and Investment (ACH)

To have your cash investment automatically withdrawn from your checking or savings account each month, provide the information requested below.

Diagram of Sample Bank Check

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|---|----------------------------------|
| Your Name 123 Your Street Anytown, ST 99999-9999 | _____ 1001 Date |
| Pay to the order of: ***VOID*** _____ \$ XX.XX | |
| XX Dollars and -----00/XX | |
| _____ | |
| 1:0910000191 | 3572985094 1001 |

Bank ABA/Routing Number

Bank Account Number

- 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.)

Bank Account Information

Checking Account — enclose a voided check for verification

Savings Account — enclose a deposit slip for verification

Banking or Financial Institution's ABA/Routing Number*
Number ALWAYS begins with 0, 1, 2 or 3

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Bank or Financial Institution Account Number

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Name of 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. Automated Requests Authorization

- By checking here, I (we) hereby authorize Wells Fargo Bank, N.A. to establish automated privileges for my (our) account. **Multiple Owners:** I (We) understand that after all registered holders have signed authorizing the account for automated privileges, any registered holder may solely authorize Wells Fargo Bank, N.A. to process the transaction pursuant to the automated instructions. Please select your four-digit numeric personal identification number (PIN) by writing one number in each box provided below. Document this PIN for future automated request transactions.

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(use numeric digits 0-9 only)

It is the responsibility of the shareowner to safekeep their personal identification number, account number and other confidential account information.

8. 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 Edison International 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 EDISON INTERNATIONAL PLAN BROCHURE/ PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature of Owner

Date (month, day, year)

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Signature of Joint Owner

Date (month, day, year)

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Signature of Second Joint Owner

Date (month, day, year)

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



A. WFSS RP Y on SBJA

PARTIAL DIVIDEND REINVESTMENT (Internal use only — **RP**)

I wish to reinvest _____ (full number) shares held in physical certificate form registered in my name including book-entry (DRS) shares and shares held in my Plan account. Dividends on the remaining shares will be paid directly to me in cash.

If you are interested in having the portion of your dividends that are being paid in cash automatically deposited to your bank account please mark Direct Deposit of Dividends in Section 6.

B. WFSS PS N on SBJA

PARTIAL PAY (Internal use only — **PS**)

I wish to receive cash for dividends paid on _____ (full number) shares held in physical certificate form registered in my name including book-entry (DRS) shares and shares held in my Plan account. Dividends on the remaining shares will be reinvested.

If you are interested in having the portion of your dividends that are being paid in cash automatically deposited to your bank account please mark Direct Deposit of Dividends in Section 6.

C. WFSS RV

OPTIONAL CASH ONLY (Internal use only — **RV**)

I wish to have all dividends from shares held in physical certificate form registered in my name paid directly to me in cash and dividends on shares held in my Plan account will all reinvest.

If you are interested in having the portion of your dividends that are being paid in cash automatically deposited to your bank account please mark Direct Deposit of Dividends in Section 6.