



# STOCK INVESTMENT PLAN ENROLLMENT FORM

## INSTRUCTIONS

Registered shareholders of FirstEnergy or its subsidiaries must complete Sections 1, 7 and 10. Also complete Sections 5, 6, 8 and 9, if applicable.

If you are not a registered shareholder of FirstEnergy Corp. or its subsidiaries, you must complete Sections 2, 3, 4, 5, 7 and 10; and also Sections 6 and 8, if applicable.

Return this form to: **FirstEnergy Corp.**  
**Investor Services**  
**76 S. Main Street**  
**Akron, Oh 44308-1890**

If you have questions, please call 1-800-736-3402.

### 1. REGISTERED SHAREHOLDER INFORMATION

If you are currently a registered shareholder of FirstEnergy Corp. or its subsidiaries, provide the account registration (name) and Taxpayer ID No.

Account Registration \_\_\_\_\_ Taxpayer ID No. \_\_\_\_\_

### 2. ACCOUNT REGISTRATION

If you are not a registered shareholder of FirstEnergy Corp. or its subsidiaries, select the desired type of registration below and print or type the necessary account registration information.

**Individual Ownership** (Cannot be a minor)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

**Joint Ownership** (Cannot be a minor)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

*Registration for two or more persons will be Joint Tenants With Right of Survivorship unless otherwise requested. The Social Security Number of the first owner listed should be provided in Section 4.*

**Gift or Transfer to Minor**

Custodian's Name (Only one permitted) \_\_\_\_\_

Minor's Name (Only one permitted) \_\_\_\_\_

Donor's State of Residence \_\_\_\_\_

*The Minor's Social Security Number must be provided in Section 4. The signature of the custodian is required in Section 10.*

**Transfer on Death (TOD)**

Name of Owner(s) \_\_\_\_\_

transfer on death to \_\_\_\_\_

Beneficiary's Name (only one permitted) \_\_\_\_\_

*In a TOD registration, ownership does not pass to the beneficiary until the death of the owner(s).*

**A Trust**

\_\_\_\_\_ as trustee(s)

Name of Trustee(s) \_\_\_\_\_

under agreement dated \_\_\_\_\_ Date of Trust Agreement \_\_\_\_\_

for \_\_\_\_\_ Name of Trust (Maker) \_\_\_\_\_

*The trust's Taxpayer ID No. must be provided in Section 4. The signatures of all listed trustees are required in Section 10. Provide a copy of the first and last pages of the trust agreement, if possible.*

**A Corporation, Partnership or other Entity**

\_\_\_\_\_

Name of Corporation, Partnership or Other Entity \_\_\_\_\_

*Please include the full name of the corporation, partnership or entity. The signature of an authorized officer, partner or authorized person is required in Section 10.*

### 3. ACCOUNT ADDRESS

If Section 2 was completed to open a new account, please provide the mailing address.

Street or P.O. Box \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

### 4. TAXPAYER IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER)

If Section 2 was completed to open a new account, please provide the Taxpayer ID No. below and sign Section 10. By signing Section 10, you certify, under penalties of perjury, that (a) the number shown on this form is the correct taxpayer identification number and (b) you are not subject to backup withholding, either because (1) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends or (2) the IRS has notified you that you are no longer subject to backup withholding.

Social Security Number \_\_\_\_\_ OR Employee Identification Number \_\_\_\_\_

Check here if you have been notified by the IRS that you are subject to withholding because of underreporting of interest or dividends.

## 5. CASH INVESTMENT

If you are making a cash investment, indicate the amount below and send your check or money order with this form. An initial cash investment of at least \$250 is required if you are not a registered shareholder or employee of FirstEnergy Corp. or its subsidiaries. The minimum optional cash payment for registered shareholders and employees is \$25. Cash investments cannot aggregate more than \$100,000 per calendar year. Checks should be made payable to FirstEnergy Corp. and all payments must be in United States dollars. All investments will be used to purchase shares of FirstEnergy common stock.

Amount of Cash Investment Enclosed \$ \_\_\_\_\_

## 6. AUTOMATIC ELECTRONIC CASH INVESTMENTS

You can authorize monthly automatic electronic cash investments to purchase additional shares of common stock by completing the following information and attaching a voided, unsigned check or account deposit slip to this enrollment form.

Monthly Automatic Electronic Cash Investment Amount (Minimum \$25) \$ _____	
Bank Name _____	
Nine-Digit Bank Routing Number _____-_____-_____-	Bank Account Number _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

## 7. DIVIDEND REINVESTMENT AND PAYMENT INSTRUCTIONS

Indicate how future dividends for this account should be paid to you by (1) circling the company and identifying the issue of stock that you desire to enroll and (2) checking a box in both parts (A) for shares that are or may be held by you in certificate form and (B) for shares that are or may be held by FirstEnergy for you.

Company: (circle one) FirstEnergy Cleveland Electric Illuminating Ohio Edison Pennsylvania Power Toledo Edison

Issue of Stock (Examples: Common, 3.90% Preferred Stock, etc.) \_\_\_\_\_

### (A) FOR SHARES HELD BY ME IN CERTIFICATE FORM

- Reinvest dividends on all shares  
 Pay cash dividends on all shares  
 Pay cash dividends on a portion of shares as follows and reinvest the remaining dividends (select one):

No. of \_\_\_\_\_ Percent of \_\_\_\_\_  
Shares \_\_\_\_\_ Dividend \_\_\_\_\_ % Amount \$ \_\_\_\_\_

### (B) FOR SHARES HELD BY THE COMPANY

- Reinvest dividends on all shares  
 Pay cash dividends on all shares  
 Pay cash dividends on a portion of shares as follows and reinvest the remaining dividends (select one):

No. of \_\_\_\_\_ Percent of \_\_\_\_\_  
Shares \_\_\_\_\_ Dividend \_\_\_\_\_ % Amount \$ \_\_\_\_\_

## 8. DIRECT DEPOSIT OF CASH DIVIDENDS

If you elected to reinvest all your dividends for this account in Section 7, skip this section. If you elected to receive all or a portion of your dividends in cash, your cash dividends may be deposited directly into your checking, savings, or credit union account at any financial institution that accepts electronic deposits. To authorize direct deposit of cash dividends for your account, complete the following information and attach a voided, unsigned check or account deposit slip to this enrollment form.

Bank Name _____	
Nine-Digit Bank Routing Number _____-_____-_____-	Bank Account Number _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

## 9. SAFEKEEPING FOR COMMON STOCK CERTIFICATES

If you want FirstEnergy Corp. to hold any FirstEnergy common stock that you may have in certificate form, please return your stock certificate(s) (unsigned) with this form and indicate below the certificate number(s) that you are returning to FirstEnergy for safekeeping. We suggest you use registered mail when mailing your stock certificates. If you select safekeeping, your shares will be credited to your Plan account and the shares will be shown on dividend checks or Plan statements. At any time, you may request a new certificate. FirstEnergy will not safekeep preferred stock certificates.

Certificate Number(s) Returned for Safekeeping \_\_\_\_\_

## 10. SIGNATURE(S)

All owners must sign. By signing this form, I/we certify that (1) I have received the prospectus describing the FirstEnergy Corp. Stock Investment Plan, (2) I am of legal age, (3) I desire to enroll in the Plan in accordance with the instructions provided on this Enrollment Form, and (4) I agree with the Taxpayer ID No. certification in Section 4, if completed.

\_\_\_\_\_  
Signature of Owner, Custodian, Trustee, Officer, Partner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner or Co-Trustee (if any)

\_\_\_\_\_  
Date

Please provide your daytime telephone number in case we have questions regarding this form (\_\_\_\_\_) \_\_\_\_\_ (6/98)