



Account Authorization Form

1-866-614-9636 or outside the U.S. 1-651-450-4064

You may enroll online @ www.shareowneronline.com

I am NOT a current Vectren Corporation shareholder.
Please begin by completing Section 1 below.

I am a current Vectren Corporation shareholder.
Please print your account number. Do NOT complete Section 1.

Account Number:

1. Account Registration Complete only **one** section. Print clearly in CAPITAL LETTERS.

A. INDIVIDUAL OR JOINT ACCOUNT — Owner's Name

Owner's Social Security Number (used for tax reporting)

Owner's Date of Birth

Month

Day

Year

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Joint Owner's Name The account will be registered "Joint Tenants with Rights of Survivorship" unless restricted by applicable state law or otherwise indicated.

Joint Tenants with rights of survivorship Tenants in common Tenants by entirety Community property

Joint Owner's Social Security Number

Joint Owner's Date of Birth

Month

Day

Year

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FOR TRANSFER ON DEATH REGISTRATION (TOD) ONLY — Beneficiary name Beneficiary cannot be Owner or Joint Owner.

B. GIFT TRANSFER TO A MINOR

Custodian's Name

Minor's Name

Minor's Social Security Number (required)

Minor's Date of Birth

Month

Day

Year

Custodian/Minor State

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C. TRUST — Trustee: Individual or Organization Name

and Co-trustee's Name, if applicable

Name of Trust

For the Benefit of

Trust Taxpayer Identification Number

Date of Trust

Month

Day

Year

Situs State

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D. ORGANIZATION OR BUSINESS ENTITY Check one: Corporation Partnership

Name of Entity

Employer Identification Number

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6.

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

AUTOMATIC ADDITIONAL INVESTMENT

FOR CURRENT SHAREHOLDERS: I (We) hereby choose to make additional investments in Vectren Corporation Common Stock by authorizing automatic monthly deductions of \$ _____ (minimum of \$25.00/maximum of \$100,000.00 per calendar year) 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 Vectren Corporation Common Stock by authorizing automatic monthly deductions of \$ _____ (minimum of \$25.00/maximum of \$100,000.00 per calendar year) from my (our) bank account. (Please complete the Bank Account Information section below.) I have enclosed my check for at least \$510.00 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 15th of each month. The Administrator will invest in Vectren Corporation Common Stock beginning on the next Investment Date 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 \$25.00 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 Vectren Corporation 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

Your Name 123 Your Street AnyTown, ST 12345-9999	Date _____ 1001
Pay to the Order of _____	***VOID*** \$ <input style="width: 50px;" type="text"/> Dollars
Your Bank's Name 123 Your Bank's Street AnyTown, ST 12345-9999	_____
1:0910000191:	123456789123
Bank ABA/Routing Number	Bank Account Number
_____	1001
Bank ABA/Routing Number	Check 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.)

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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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 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.

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7. **Account Authorization Signature/Form W-9 Request for Taxpayer Identification Number and Certification** (required)

Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person as defined below.

Definition of U.S. Person: For federal tax purposes, you are considered a U.S. person if you are (1) An individual who is a U.S. citizen or U.S. resident alien, (2) A partnership, corporation, company or association created or organized in the United States or under the laws of the United States, (3) an estate (other than a foreign estate), or (4) A domestic trust (as defined in regulation 301.7701-7)

Backup Withholding – The Internal Revenue Service (IRS) requires us to withhold taxes for the applicable rate of federal backup withholding for U.S. persons without a Taxpayer Identification Number (TIN) or without a “certified” number. This withholding of tax is called Backup Withholding and may be applied to disbursements for interest, dividends, broker and barter exchange transactions, royalties, etc. Supplying us with your correct TIN associated with the account on the 1st page of this form, along with the appropriate signature will generally allow you to receive your payments without being subject to backup withholding. Failure to supply your TIN, or supplying us with an incorrect TIN could result in a penalty being assessed by the IRS.

Notification of Backup Withholding – Item 2 above is not applicable if I have marked the item below pertaining to notification of backup withholding.

I have been notified by the Internal Revenue Service (IRS) that I am currently subject to backup withholding as a result of a failure to report all interest and dividends on my tax return. I understand that marking this box will result in backup withholding on any disbursements made to this account.

This form must be signed and dated as acceptance for proper certification or it will be returned to the requestor.

NOTICE TO NON-RESIDENT ALIENS, INDIVIDUALS OR FOREIGN ENTITIES (e.g., foreign corporation, partnership or trusts): DO NOT COMPLETE THE ABOVE SUBSTITUTE FORM W-9. COMPLETE W-8BEN FORM LOCATED AT www.irs.gov or call 800-468-9716 for copy of W-8BEN FORM. COMPLETE AND RETURN THE FORM W-8BEN, CERTIFICATION OF FOREIGN STATUS. FAILURE TO DO SO WILL SUBJECT YOU TO FEDERAL BACKUP WITHHOLDING AT THE CURRENT APPLICABLE RATE.

By completing and signing this form, I (we) certify that I (we) have received and read the Vectren 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 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 authorize Wells Fargo Bank, N.A. to apply dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

MY (OUR) SIGNATURE(S) BELOW INDICATE(S) I (WE) HAVE READ THE VECTREN CORPORATION PLAN BROCHURE/ PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN. IMPORTANT: ALL JOINT OWNERS MUST SIGN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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

