

DIRECT DEPOSIT AUTHORIZATION

Complete all fields, then print and sign the form.

Mail your completed form and account document to:

Ameren Services • Investor Services • P.O. Box 66887 • St. Louis, MO 63166-6887
800.255.2237

I/we authorize Ameren to deposit my/our dividend payment by electronic funds transfer into the account specified herein. I/we also authorize Ameren to initiate corrections to any amounts credited in error, and I/we waive any claim, without limitation, against Ameren for my/our financial institution with respect to the operation of this service.

This authorization will remain in effect until I/we give written notice to terminate it or until Ameren notifies me/us that this service has been terminated.

I/we understand that I/we must allow Ameren a reasonable amount of time for initiating or terminating Direct Deposit, and that I/we am responsible for notifying Ameren of change in financial institution information.

ALL STOCKHOLDERS must sign below. If the account name at your financial institution is different from the Ameren stock account, NOTARIZED signatures of ALL STOCKHOLDERS must be provided on this form.

Stockholder Name:

Stockholder Signature:

Stockholder Name:

Stockholder Signature:

Stockholder Account Number:

Daytime Telephone Number:

Taxpayer ID Number (TIN):

Social Security Number or Employer ID Number:

DIRECT DEPOSIT FINANCIAL INSTITUTION INFORMATION

[Your financial institution must be a member of the Automated Clearing House (ACH) Network]

Name of Financial Institution:

Telephone Number of Financial Institution:

Address of Financial Institution:

Bank Transit Routing Number:

(If unknown, contact your financial institution.)

Address:

Account Type* (Check one):

Personal Checking

Personal Savings

City:

*** MUST BE A PERSONAL ACCOUNT.** If you are using a checking account, you must provide a voided check.

State:

ZIP:

Name(s) on Bank Account:

Bank Account Number:

NOTARIZATION OF STOCKHOLDER SIGNATURE(S)

NOTARIZED signatures of ALL STOCKHOLDERS are required if the name(s) on the bank account to receive dividends is NOT EXACTLY the same as the name(s) on your Ameren stock account.

State of _____ On this _____ day of _____ 20____,
_____ personally appeared before me, known to me to be the person who has executed this document for the purposes stated herein.

Stockholder Signature and Date:

Notary Public:
