Avista Corporation

Visit Investor ServiceDirect® at
www.bnymellon.com/shareowner
to enroll online *or* complete and sign this paper form
and mail in the courtesy envelope provided to:
BNY Mellon Shareowner Services
P.O. Box 358035, Pittsburgh, PA 15252-8035

Enrollment Form for Avista Corporation

Direct Stock Purchase & Dividend Reinvestment Plan

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you complete an enrollment application, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Please be aware that we will verify the information you provide and may also ask for copies of your driver's license or other identifying documents.

1. Account Registration (Select **one** of the following account types, printing clearly in CAPITAL LETTERS)

☐ **Individual or Joint Account**

Owner's name

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

Owner's date of birth *(month / day / year)* ☐☐ / ☐☐ / ☐☐

Joint Owner's name

Joint Owner's Social Security Number *(used for tax reporting)* ☐☐☐ – ☐☐ – ☐☐☐☐

The account will be registered "Joint Tenants with Rights of Survivorship" unless you check a box below:
☐ Tenants in common ☐ Tenants by entirety ☐ Community property

☐ **Gift Transfer to a Minor (UGMA/UTMA)**

Custodian's name

Minor's name

Minor's Social Security Number *(required)* ☐☐☐ – ☐☐ – ☐☐☐☐

Minor's date of birth *(month / day / year)* ☐☐ / ☐☐ / ☐☐

Custodian's state ☐☐

☐ **Trust** (Check one trustee type) ☐ Person as trustee ☐ Organization as trustee

Trustee: Individual or organization name

and Co-trustee's name, *if applicable*

Name of trust

For the benefit of

Trust Taxpayer Identification Number *(required)* ☐☐ – ☐☐☐☐☐☐☐

Date of trust *(month / day / year)* ☐☐ / ☐☐ / ☐☐

Donor's state ☐☐

☐ **Organization or Business Entity** (Check one) ☐ Corporation ☐ Partnership ☐ Other

Name of entity

Taxpayer Identification Number *(required)*
☐☐ – ☐☐☐☐☐☐☐

2. Address

Mailing address *(including apartment or box number)*

City State Zip

Daytime phone

Provide additional information for mailing address outside the U.S.:

Country of residence Province Routing or postal code

3. Initial Investment

As a new investor I wish to enroll in the Plan by making an initial investment. (Check one.)

☐ **Enclosed is my check for $ _____**
Make checks payable to **The Bank of New York - Avista Plan.** *(Initial investment must be at least **$250**, and a maximum of $10,000 per transaction not to exceed $100,000 annually.)*

☐ **Automatic Initial Investment**
I hereby choose to initiate my investment in **Avista Corporation Common Stock** by authorizing an individual automatic debit for at least $250 from my bank account. (Complete section 5, Bank Account Information.)

Additionally, I hereby authorize the Administrator and the Financial Institution indicated in section 5 to deduct from my account $____ _____ per month ($1 minimum) and apply amounts so deducted toward the purchase of **Avista Corporation Common Stock** under the account designated.

*(Upon receipt of this form, properly completed, the Plan Administrator will contact your bank to deduct the amount(s) indicated from your bank account on or about the **25th** of each month. The Administrator will invest your funds beginning on the next Investment Date. Such deductions and investments will continue monthly until you notify the Plan Administrator to change or discontinue them. Should your account have insufficient funds to cover the authorized deduction, no deduction or investment will occur. In such an event, you may be charged a fee by your financial institution for insufficient funds.)*

4. Dividend Options

You may choose to reinvest all or part of the dividends paid on **Avista Corporation Common Stock**. If no option is selected the Administrator will automatically reinvest your dividends. (Check one.)

☐ **Reinvest the dividends on ALL shares.**

☐ **I would like a portion of my dividends reinvested.**
Please remit to me the dividends on _____ shares. I understand that the dividends on my remaining shares, as well as all future shares that I acquire, will be reinvested.

☐ **All cash—Do not reinvest my dividends.**
You may receive your cash dividends by electronic transfer into your bank account.

☐ **(Your dividend check will be automatically mailed to your address of record UNLESS you check here):**

Deposit Cash Dividends Electronically
I hereby authorize the Administrator to have my dividends deposited automatically in my bank account.
(Complete section 5, Bank Account Information.)

5. Bank Account Information

(Complete if Automatic Investments or Electronic Dividend Deposits are selected.)

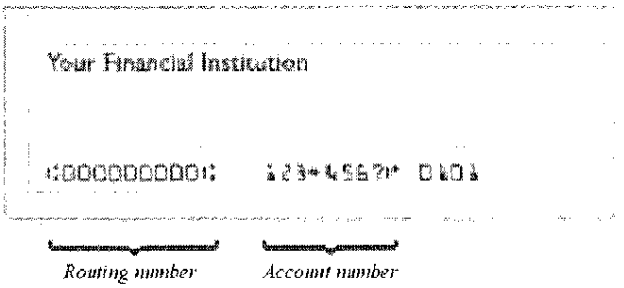
The following bank information will be used for your authorized Automatic Investments and Direct Deposits of Dividends. You may edit bank information online at **www.bnymellon.com/shareowner**

Check type of account: ☐ Checking ☐ Savings

Please provide your bank or credit union account information in the boxes below:

Bank or Credit Union's routing number (ABA)
(available from the bank or credit union)

Bank or Credit Union account number



6. Account Authorization Signature (Check one – U.S. or Non-U.S.)

☐ **U.S. Citizens and Resident Aliens**

Request for Taxpayer Identification Number (Substitute Form W-9)

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct Taxpayer Identification Number, **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 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. person (including a U.S. Resident Alien).

☐ **Organization or Business Entity Exempt from Backup Withholding**
I qualify for exemption and my account will not be subject to tax reporting and backup withholding

☐ **Non-U.S. Citizens and Non-Resident Aliens**

Certificate of Foreign Status of Beneficial Owner (Substitute Form W-8BEN)

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

☐ **Claim of Tax Treaty Benefits**
I certify that: The beneficial owner is a resident of _____
within the meaning of the income tax treaty between the United States and that country.

My/Our signature(s) below indicates I/we have read the Plan brochure and agree to the terms therein and herein.

Signature of Owner

Date *(month / day / year)*

Signature of Joint Owner

Date *(month / day / year)*