



- I am a current Otter Tail Corporation shareholder. Please print your account number. Do NOT complete Section 1.
I am NOT a current Otter Tail Corporation shareholder. Please begin by completing Section 1 below.

Account Number: [grid]

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

A. INDIVIDUAL OR JOINT ACCOUNT — Owner's Name

[grid for Owner's Name]

Owner's Social Security Number (used for tax reporting) Owner's Date of Birth Month Day Year
[grid]

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

[grid for Joint Owner's Name]

Joint Owner's Social Security Number Joint Owner's Date of Birth Month Day Year
[grid]

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

[grid for Beneficiary name]

B. GIFT TRANSFER TO A MINOR

Custodian's Name

[grid for Custodian's Name]

Minor's Name

[grid for Minor's Name]

Minor's Social Security Number (required) Minor's Date of Birth Month Day Year Custodian/Minor State
[grid]

C. TRUST/ESTATE — Trustee: Individual or Organization Name

[grid for Trustee Name]

and Co-trustee's Name, if applicable

[grid for Co-trustee Name]

Name of Trust

[grid for Name of Trust]

For the Benefit of

[grid for For the Benefit of]

Trust Employer Identification Number Date of Trust Month Day Year Situs State
[grid]

FOR ORGANIZATION OR BUSINESS ENTITY SEE PAGE 2

1. Account Registration Continued Print clearly in CAPITAL LETTERS.

D. ORGANIZATION OR BUSINESS ENTITY Check applicable option(s):

- C Corporation
- S Corporation
- Partnership
- Sole Proprietor
- Limited Liability Company (Provide the tax classification by checking one of the above)
- Other _____

Name of Entity

Employer Identification Number - or Social Security Number --

2. Address If you are a current shareholder complete ONLY if your address has changed.

Mailing address (including apartment number) You may also complete this section online by going to shareowneronline.com.

City State Zip -

For mailing address outside the U.S.:

Country of residence Province Routing or postal code

3. Dividend Reinvestment You may also complete this section online by going to shareowneronline.com.

If no option is selected the Administrator will automatically reinvest all your dividends. For the reinvestment option below you may make optional cash investments at any time.

- FULL DIVIDEND REINVESTMENT** (Internal use only — RD)
 I wish to reinvest all dividends from shares held in physical certificate form registered in my name including book-entry (DRS) shares and all dividends from shares held in my Plan account.

4. Safekeeping

Common Stock certificates deposited for safekeeping in your account must be in the same registration as your Plan account.

TOTAL NUMBER OF CERTIFICATES ENCLOSED TOTAL NUMBER OF SHARES

5. Cash Purchase (Make checks payable to Shareowner Services)

- As a **CURRENT** registered shareholder I wish to make an additional investment. Enclosed is my check for \$_____ (minimum of \$10.00/maximum of \$120,000.00 per year).
- As a **NEW INVESTOR** if you elect to have cash contributions automatically withdrawn from your bank account, the minimum initial investment requirement will be waived. I wish to enroll in the Plan by A) making an initial investment of \$_____ (minimum of \$250.00/maximum of \$120,000.00 per year) (I have enclosed my check for the initial investment.) and/or B) signing up for automatic deductions from my bank account (complete Section 6). **For both A & B above YOU MUST COMPLETE Sections 1, 2, 3, 5 & 7.**

6.

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

AUTOMATIC ADDITIONAL INVESTMENT

FOR CURRENT SHAREHOLDERS: I (We) hereby choose to make additional investments in Otter Tail Corporation Common Stock by authorizing automatic deductions of \$_____ (minimum of \$10.00/maximum of \$120,000.00 per 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 Otter Tail Corporation Common Stock by authorizing automatic deductions of \$_____ (minimum of \$25.00/maximum of \$120,000.00 per year) for a minimum of at least 10 consecutive transactions from my (our) bank account. (Please complete the Bank Account Information section below.) I have enclosed my check for at least \$25.00 to cover the first optional cash investment 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 1st, 15th or both days of each month. The Administrator will invest in Otter Tail Corporation Common Stock beginning on the next Investment Date that is at least five business days after your account is debited. Such deductions and investments will continue 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 Equiniti Trust Company.

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 Otter Tail 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 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 investments. (Remember to have all owners sign the form.)
- I would like to change the amount withdrawn from my (our) bank account. (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

- 1st of the Month**
 - 15th of the Month**
 - Both the 1st and 15th of the Month**
- If you do not check any box, then the 1st of the month will be assumed.

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

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.
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. (this does not apply to accounts located in the U.S.)

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 – Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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-8 FORM OR APPLICABLE IRS W-8 FORM SERIES LOCATED AT www.irs.gov or call 1-866-605-8638 FOR A COPY OF THE W-8 FORM. COMPLETE AND RETURN THE FORM W-8, 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 Otter Tail 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/prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Equiniti Trust Company. 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 Equiniti Trust Company 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 OTTER TAIL 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)

T

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:
EQ Shareowner Services
P.O. Box 64856
St. Paul, MN 55164-0856

