

Account Authorization Form

1-800-345-3085 or outside the U.S. 1-651-450-4064

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 ${\bf Account} \ \ {\bf Registration} \ \ {\bf Continued} \ \ {\bf Print} \ {\bf clearly} \ {\bf in} \ {\bf CAPITAL} \ {\bf LETTERS}.$

PLEASE DO NOT DETACH.

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FOR CURRENT SHAREHO deductions of \$	OLDERS: I (We) hereby choose to _ (minimum of \$25.00/maximum of				
\$ (minimum of	(We) hereby choose to initiate my (of \$25.00/maximum of \$25,000.00 psed my check for at least \$25.00 to	oer month) from my (our) ban	k account. (Please	complete the Bank	Account Information
the 9th, 25th or both days of deductions and investments	operly completed, the Administrator each month. The Administrator wi will continue until you notify the Ad deduction, no deduction or investm	ll invest in PPL Corporation (Iministrator to change or disc	Common Stock begi ontinue them. Show	inning on the next In ald your bank accoun	vestment Date. Such t contain uncollected
	e Administrator and the bank or f e purchase of PPL Corporation (
Automatic Cash Wi	thdrawal and Investmen	nt (ACH)			
To have your cash investm	nent automatically withdrawn fro	m your checking or saving	s account, provid	e the information r	equested below.
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O Please discontir	nue my (our) automatic investments.	(Remember to have all owner	rs sign the form.)		
	change the amount withdrawn from ners sign the form.)	my (our) bank account. (Fill o	out the Bank Autho	rization Agreement po	ortion of this section
Your Bank Account	t Information			9th of the Month 25th of the Month	If you do not check any box, then the 9th of the month
Checking Account — Enclose a voided check for verification Savings Account —	Bank or Financial Institution ABA/Routing Number* Number ALWAYS begins with 0, 1, 2 of	or 3 Bank or Fina	ncial Institution Acco	Both the 9th and 25th of the Month ount Number	will be assumed.
Enclose a deposit slip for verification					

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

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.

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 I-800-345-3085 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 PPL Corporation Plan 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 prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Equiniti Trust Company, LLC. 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, LLC 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 PPL CORPORATION PLAN PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN. IMPORTANT: ALL JOINT OWNERS MUST SIGN.

Signature of Owner	Date (month, day, year)	$\overline{}$
iignature 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



