>> eve	rgy <sub>™</sub>	Computershare Computershare Trust Company, N.A. PO Box 43006 Providence, RI 02940-3006 Within USA, US territories & Canada 866-239-8177
		Outside USA, US territories & Canada 781-575-4706 www.computershare.com/investor
Name Address		laint
City, State, Zip		Joint - Will be presumed to be joint tenants with rights of survivorship unless restricted by applicable state law or otherwise indicated.
Line e blank non. Drint in		Custodial - A minor is the beneficial owner of the account with an adult custodian managing the account until the minor comes of age, as specified in the Uniform Gift/Transfer to Minors Act in the minor's state of residence. Please note that both the minor's and custodian social security number must be provided.
Use a <u>black</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.	123 X	<b>Trust</b> - Account is established in accordance with the provisions of a trust agreement.
Direct Stock Purchase Pla	an - Initial Enrollment Form	
Account Legal Registration (C	Choose One)	Trust Account
Single/Joint Account	Custodial Account	You must provide Computershare with the following three pages from the Trust Document: <b>1. Title Page 2. Powers Page and 3. Signature Page</b>
Citizenship USA	Other You must complete a W-8BEN form. Please refer to our website at www.computershare.	.com
Account Information Name, Custodian Name or Full Trust Name	or call the phone number above to obtain a	form.
Joint Owner (if any), Minor's Name or Trustee(s	) Name	
Date of Birth (Primary Account Holder/Minor)	Holder/Minor) or	unt Holder/Custodian)     Minor's State (if applicable)
Employer Identification Number (EIN)		SSN) (Joint Account Holder/Custodian)
Street Number Street Nam	ne	Apt./Unit Number
City/Town	State/Prov	vince Postal Code Country

Home Telephone Number

	0000000				

Business Telephone Number

# Please refer to the plan prospectus or brochure before enrolling.

Check one box only. If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed. If the plan permits, you may make optional cash investments at any time under each of the participation options below.

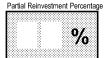
### Full Dividend Reinvestment

Please mark this box if you wish to reinvest all dividends that become payable on this account, on all stock now held or any future holdings, including shares purchased with optional cash investments.

	_	

## Partial Dividend Reinvestment by Percentage of Shares

Please mark this box and specify the percentage of shares on which you wish to have dividends reinvested. The dividends on the remaining percentage of shares will be paid in cash.



# All Dividends Paid in Cash (No Dividend Reinvestment)

Please mark this box if you wish to receive dividend payments in cash on all stock now held or any future holdings, including shares purchased with optional cash investments.

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 Internal Revenue Service (IRS) that I am subject to backup withholding, 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), and 4. I am exempt from FATCA reporting.

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.

By participating in the plan, I agree to be bound by the terms and conditions of the prospectus or brochure that governs the plan. I have read and fully understand the terms and conditions of the prospectus or brochure. I further agree that my participation in the plan will continue until I notify Computershare in writing that I desire to terminate my participation in the plan. Upon providing such notification, I acknowledge that my withdrawal from the plan will be subject to the terms and conditions of the prospectus or brochure that governs the plan. By signing this form, I am certifying that I am of legal age in the state or country of my residence.

Enrollment forms will be processed within 5 business days of receipt. Confirmation of enrollment will not be mailed; however, a transaction statement will be mailed once there is activity in your account. If you would like to confirm your enrollment in the plan, please call us at the number referenced on the front page.

#### To be valid, this form must be signed by all account holders. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

#### Please return completed form to:

Computershare

Signature 1 - Please keep signature within the box

PO Box 43006 Providence, RI 02940-3006 Signature 2 - Please keep signature within the box

Date (mm/dd/yyyy)

	000000.0000 0	- C 20 000
	200000 00000 20	2 9 2020
000000000000000000000000000000000000000	2000 000000 DC	
		· · · · · · · · · · · · · · · · · · ·

# Please enclose a check for your initial investment.

Make checks payable to Computershare. Please refer to the plan prospectus or brochure for the minimum/maximum amount of the initial investment. No interest will be paid on the funds held pending investment.

### **Privacy Notice**

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans, direct registration services and/or custody services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information, date of birth, government-issued identification number, and other financial information.

With respect both to current and former customers. Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to your computershare maintains physical, electronic and procedural safeguards to protect your personal information.

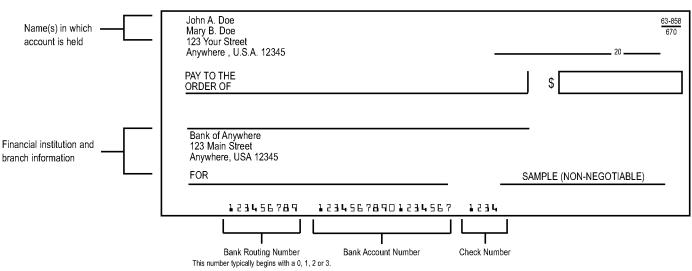
Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.



<b>≫</b> evergy.	Computershare +					
	Computershare Trust Company, N.A. PO Box 43006 Providence, RI 02940-3006 Within USA, US territories & Canada 866-239-8177 Outside USA, US territories & Canada 781-575-4706 www.computershare.com/investor					
Name						
Address						
City, State, Zip	Holder Account Number					
Use a <u>black</u> pen. Print in CAPITAL letters inside the grey areas as shown in this example.	This form is to be used for recurring debits only. Do not use for one time purchases.					
Direct Stock Purchase Plan - Direct Debit Autho	rization - Monthly					
Funds will be withdrawn on the 15th day of the month or on the next business day.	<b>Dollar Amount:</b> This plan allows for a minimum amount of \$50 with a maximum of \$10,000 per month. If applicable, an enrollment fee will be deducted from the initial investment.					
Financial Institution Information	<b>B</b>					
A. Please select one. Individual Joint	Other     B.     Checking     Savings       Other     Please select one.     Checking     Account					
Financial institution account number	Financial institution routing number					
Note: DO NOT USE A CREDIT CARD. If you do not know your account number or the rou Account numbers must be in numeric format. Name(s) in which the above account is held	ting number, please see the reverse side of this form or check with your financial institution.					
shares (if available); (2) to be bound by the terms and conditions of the prospectus or brochure that go (4) that you further agree that your participation in the Plan will continue until you notify Computersh notification, you acknowledge that withdrawal from the Plan will be subject to the terms and conditions I/We hereby authorize Computershare to make monthly automatic transfers of funds from the above account in t	wing: (1) to enroll in the Plan for full dividend reinvestment so that all of your dividends will be used to purchase additional verns the Plan; (3) that you have read and fully understand the terms and conditions of the prospectus or brochure; and hare in writing or by other available means that you desire to terminate participation in the Plan. Upon providing such of the prospectus or brochure that governs the Plan. he amount shown. This deduction will be used to purchase shares to be deposited into my/our account. I consent to the disclosure putershare for account validation. All financial account owners must sign below. Name(s) on the registered account must					
Signature 1 - Please keep signature within the box. Signature 2 - Please keep	signature within the box. Date (mm/dd/yyyy)					
Daytime Telephone Number Plea	ase return completed form to: PO Box 43006 Providence, RI 02940-3006					
E5 U E M D	evrg 🕂					

# How to complete this form

- 1. Amount of automatic deduction: Indicate the amount authorized to transfer from your account to purchase additional shares.
- 2. Indicate the type of account held with the financial institution.
- 3. Indicate checking or savings.
- 4. Print the complete financial institution account number.
- 5. Print the financial institution routing number from your check or savings deposit slip. **If you are using a savings account, contact your financial institution for the routing number.**
- 6. Print the name(s) in which the financial institution account is held. Note: name(s) on the registered account must match name(s) on the financial account.
- 7. All authorized owners of the financial institution account must sign this form.



SAMPLE CHECK