



AUTOMATIC INVESTMENT AUTHORIZATION

Account Name _____

Account Number CMSE Social Security/Tax ID Number _____

NEW OR CHANGE

New Change

If you would like to purchase additional CMS common stock automatically through scheduled deductions from your checking or savings account, please indicate the amount below. **Deductions will occur on the banking day prior to the investment date you choose.**

By signing this form, I certify that I have received the prospectus describing the CMS Energy Corporation Stock Purchase Plan. I understand that I may revoke this authorization at any time by written notice to CMS Energy Corporation.

Automatic Investment Amount (Minimum \$25) \$ _____ Choose Investment Date:
 1st of every month
 16th of every month
(Check both for twice-monthly investments)

Bank Name _____ Bank Telephone (_____) _____

Bank Address _____

Nine-digit ABA Transit Routing Number (Contact your bank) _ _ _ _ _

Bank Account Number _____ Checking Savings

CANCEL

Please cancel my participation in Automatic Investment and stop the bank deduction.

SIGNATURES

Automatic investment authorizations, changes or cancellations require up to ten days written notice (Webform, e-mail or fax are acceptable).

Signature _____ Date _____

Signature _____ Date _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Please complete all applicable sections, sign the form and return to:

If you have any questions, please contact us:

CMS Energy Corporation
Investor Services Department
One Energy Plaza
Jackson, MI 49201

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