

STOCK PURCHASE PLAN AUTHORIZATION FORM

Please complete all applicable sections:

To Purchase Stock (First Time): 1A, 1C, 2 & 6

To Purchase Additional Stock: 1B, 1C & 3

To Enroll in Dividend Reinvestment: 1B, 1C, 2 & 6

To Enroll in Automatic Investment: 1B, 1C, 4, 5 & 6

Return to:

CMS Energy Corporation
Investor Services EP1-400
One Energy Plaza
Jackson MI 49201

If you have any questions, please call:

517-788-1868 or **E-mail:** invest@cmsenergy.com

To invest online or make changes to your account, see our secure web forms at:

www.cmsenergy.com/shareholders

1. ACCOUNT INFORMATION

A. Initial Investment in CMS Energy Common Stock

- Enclosed is my check or money order (payable to **CMS Stock Plan**) for \$ _____ (not less than \$250) for my initial investment.
- Deduct my initial investment of \$ _____ from my bank account (not less than \$250). **Complete Section 5.**

B. I am currently a Shareholder. Please take the action requested in Section 2, 3 and/or 4. My account number is CMSE _____. Additional account information (if not pre-printed above) is as indicated in C below:

C. Account Information (how account is to be registered):

Account Registration (Please Print)

Account Address (Please Print)

Social Security or Taxpayer Identification Number

Birth Date (Minors only)

GUIDELINES FOR STOCK REGISTRATION

Individual or Joint - Joint accounts will be Joint Tenants with Right of Survivorship (ie, John R Doe & Jane S Doe JT TEN) and not as Tenants in Common unless otherwise indicated. **The Social Security Number of the first owner listed should be provided.**

Custodial (for minors) - A minor is the beneficial owner of the account, with an adult custodian managing the account until the minor becomes of age, as specified in the Uniform Transfer to Minors Act in the minor's state of residence. Only one minor and one custodian per account (ie, Jane S Doe cust Matthew G Doe, UTMA Michigan, where Matthew G Doe is the minor.) **Please provide the minor's social security number and birth date.**

Trust - Account is established in accordance with the provisions of a trust agreement. Include the name(s) of the trustee(s), name and date of the trust (ie, John R Doe TTEE of the John R Doe Trust dated 7/20/91). Please provide a copy of the first and last pages of the executed trust agreement with this Authorization Form.

Transfer on Death - Individual or joint account that would be transferred to the beneficiary upon death of individual or all joint owners (ie, Jane R Doe TOD John A Smith) where John A Smith is the beneficiary. Minors are not permitted to be listed as beneficiaries, however, a trust or custodial account can be a beneficiary.

2. DIVIDEND REINVESTMENT PARTICIPATION

Check the participation option in which you wish to enroll. Your election will apply to all shares in the account indicated on the reverse side. **If no participation option is indicated, the account will be enrolled in Full Dividend Reinvestment.**

FULL REINVESTMENT - Reinvest all dividends payable on all shares.

PARTIAL REINVESTMENT - **(Minimum 10% reinvestment required on shares held in your Plan account)**

Reinvest dividends on _____ % of my PLAN shares only.

OR

Reinvest dividends on _____ % of ALL my common shares.

3. OPTIONAL INVESTMENT

If you are currently a Shareholder, you may make an optional investment (minimum \$25) to purchase shares of common stock in accordance with the terms and conditions of the Stock Purchase Plan.

Attached is a check or money order for \$ _____

(Make check payable to **CMS Stock Plan.**)

4. AUTOMATIC RECURRING INVESTMENT

I would like to purchase additional CMS Common stock *automatically* through scheduled deductions from my checking or savings account. **Deductions will occur the banking day prior to the investment date you choose.** Automatic Investment authorizations, changes or cancellations require up to ten days written notice.

Automatic Investment Amount (Minimum \$25) \$ _____

Choose Investment Date:

1st of every month

16th of every month

(Check both for twice-monthly investments)

5. BANK ACCOUNT INFORMATION

Complete this section if you are requesting initial or recurring bank deductions. **Enclose a copy of a VOIDED check.**

Bank Name _____ Bank Telephone (____) _____

Bank Address _____

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

Bank Account Number _____ Checking Savings

Cancellation or changes must be made in writing, by fax, e-mail or on our website. (Ten days notice required)

6. SIGNATURES

By signing this form, I certify that I have reviewed the prospectus describing the CMS Energy Corporation Stock Purchase Plan. Under penalties of perjury, I certify that the Social Security Number (Taxpayer Identification Number) indicated on this form is correct and that I am not subject to backup tax withholding per the Internal Revenue Code.

Signature _____ Date _____ **Daytime Phone** (____) _____

Signature _____ Date _____ **Evening Phone** (____) _____

E-mail Address _____

PLEASE NOTE: Shares of Stock purchased through the Plan will be credited to your Plan account. A statement detailing the transaction will be sent to you.