

DIVIDEND REINVESTMENT PLAN

Section 1 YOU	IR DETAILS
Full name of First Named Holder	Company to which this plan applies
1.	United Utilities Group PLC
Joint Holder(s) – Maximum four (4) holders	Shareholder reference
2.	
3.	This application only applies to the holding above. Separate applications must be completed for addition
4.	holdings held in the above Company.
Full Address of First Named Holder	Shares to which this plan applies
	ORDINARY SHARES OF 5 PENCE HELD IN CERTIFICATED FORM
Country	
Post Code	
 Non CREST holders only (CREST holders need to elect through of the In order to participate in the Plan, in respect of a particular divident at least fifteen (15) working days prior to the next dividend particular dividend participate. 	idend, this form must be correctly completed and received
Section 2 DECLARATION: All shareholders	s must sign and print their full names
Declaration: A copy of the Terms and Conditions referred to her www.shareview.co.uk/info/drip or as detailed in the accompan will be provided to you. For your own benefit you should read the application. If you do not understand any point please contact use. To: Equiniti Financial Services Limited (Equiniti) By signing this form I/we apply to join the Dividend Reinvestmer paid up shares shown above in Section 1 held by myself/ourselve I/We appoint Equiniti as my/our agent to arrange the purchase of Section 1 in accordance with the Terms and Conditions of the Plaby me/us, or otherwise cancelled in accordance with the Terms I/we agree to direct Equiniti Financial Services Limited to participated on my/our behalf. To United Utilities Group PLC I/we the undersigned instruct United Utilities Group PLC to pay Plan to Equiniti. (Note 1)	ein have been issued to you/made available on sying literature. These form the basis on which our services lesse Terms and Conditions carefully before signing the son the number indicated in the Guidance Notes. In the Plan (the Plan) for each future dividend paid on the fully less to which the Plan is applied. In fully paid up shares of the Company shown above in lean. This request will remain in force until revoked in writing and Conditions of the Plan. In the Plan in respect of all of the fully paid up shares
Signature 1	Signature 2

Signature 3	Signature 4
Print Full Name	Print Full Name

Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006.

GUIDANCE NOTES

You can find the answer to most questions and also send us your query securely by completing the online form at www.shareview.co.uk/info/drip

Or you can call us on +44 (0) 371 384 2041 Please use the country code when calling from outside the UK. When you call, please quote your 11 digit Shareholder Reference number. Lines are open from 8.30am to 5.30pm (UK time) Monday to Friday, excluding public holidays in England and Wales.

For deaf and speech impaired customers we welcome calls via **Relay UK**. Please see <u>www.relayuk.bt.com</u> for more information.

Once completed please send your form to;

Share Dividend Team, Equiniti, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA United Kingdom

Note 1: Print and Sign

All shareholders must sign the declaration and print their full name in the appropriate boxes provided.

Note 2: Today's Date

Dividend Election deadline

To participate in respect of a particular dividend, Equiniti must receive the fully completed form at least **fifteen** (15) working days prior to the next dividend payment date.

Note 3: Power of Attorney (if applicable)

Complete your full name here if you are signing as a power of attorney.

To avoid rejection if you have not previously recorded the Power of Attorney document with us please ensure that you send us either the original document or a photocopy with this form. If you are sending a photocopy, please make sure every page is signed with an original signature, either by the person granting the Power or by a solicitor or stockbroker, to confirm that it is a true and complete copy of the original.