

EXHIBIT A

Duke Energy 2010 Voluntary Opportunity Plan Request Form

To: Cathy Edwards

Mail Code: ST05J

Phone: 704-382-9638

Employee Name: Matthews, Jim E
Employee ID: 116909
Company/Dept: 100/MNS WC Planning A
Roll 5: Nuclear Operations
Roll 6: McGuire Nuclear Station
Roll 7: MNS Station

This is to inform you that I hereby request to voluntarily terminate my employment under the Duke Energy 2010 Voluntary Opportunity Plan (the "Plan"). I understand that my request must be approved by management, that management has the sole discretion to approve volunteers under the Plan, and that I will be notified of the approval or denial of my request. I further acknowledge that management has the right to determine my Separation Date and that I must work until I am released in order to receive benefits under the Plan.

If approved, I understand that I will be eligible to receive the benefits outlined in the Plan, subject to the terms and conditions of the Plan. I acknowledge that I have received a copy of the Summary Plan Description explaining the Plan requirements and have had the opportunity to ask any and all questions I have about the Plan.

Using the calculations in the Plan, the Benefit Payment payable to me is estimated to be approximately \$123,909.56.

The actual amount will be determined as of my actual Separation Date, based on meeting all Plan requirements.

I understand that I must also execute and not revoke the Waiver and Release provided by the Company in order to receive any Plan benefits and that if I fail to execute the Waiver and Release in the required time frame or if I revoke it, I will not receive the Plan benefits and my employment will be terminated on or about the Separation Date.

I fully understand that my decision to terminate my employment, as indicated by my signature below, is final and binding. I understand and acknowledge that my participation in the Plan and my decision to terminate my employment is completely voluntary, and that no one has pressured me to terminate my employment under the Plan.

(Employee Signature)

(Date of Request)

Signed form must be received by Cathy Edwards no later than 5:00pm EST on February 24, 2010. The form may be:

- 1. Mailed to ST05J, or
2. Faxed to (980) 373-9998, or
3. Scanned and emailed to Voluntaryform@duke-energy.com.

Faxed and e-mailed forms must be followed by the original signed document.

(To Be Completed by Department head at the direction of the Control Center)

Request Approved []

Release Date: _____

Request Denied []

Reason request denied: _____

Department Head Signature

Date