

AFL STOCK PLAN ENROLLMENT FORM

OPTIONS: Full Reinvestment Partial Reinvestment – No. of shares to be reinvested _____ Optional Cash Purchase Only
(will receive a dividend check)

Current Shareholder Enrolling in Plan

New Shareholder Enrolling in Plan – Enclosed is my check/money order for \$_____ (**\$1,000 minimum**) made payable to the **AFL Stock Plan**.

Employee Enrolling in Plan – I am an employee of: Aflac Incorporated Aflac Aflac NY Communicorp AGI
\$_____ to be deducted from my payroll check **once** each month (\$50 minimum).

Associate Enrolling in Plan – I am a currently contracted associate of: Aflac Aflac NY Associate Writing No. _____
\$_____ or _____% to be deducted from my accounting statement **once** each month. (\$50 minimum).

ACCOUNT REGISTRATION – Please list legal name(s) as they appear on the Social Security card or EIN form.

INDIVIDUAL/JOINT ACCOUNT

NAME _____ SSN _____

JOINT OWNER (IF ANY) _____ SSN _____

JOINT OWNER (IF ANY) _____ SSN _____

Joint account will be presumed to be joint tenants with right of survivorship unless indicated otherwise.

TRUST ACCOUNT

TRUSTEE NAME _____ SSN _____

TRUSTEE NAME _____ SSN _____

NAME OF TRUST _____ SSN/EIN _____

DATE OF TRUST _____

ACCOUNT ADDRESS, PHONE, AND EMAIL ADDRESS

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CUSTODIAL ACCOUNT

CUSTODIAN NAME _____ SSN _____

MINOR NAME _____ SSN _____

MINOR'S STATE OF RESIDENCE _____

OTHER

If corporation must check one.

C CORPORATION S CORPORATION

NAME _____ SSN/EIN _____

**TRANSFER ON DEATH (TOD)
(INDIVIDUAL/JOINT ACCOUNT ONLY)**

NAME _____ SSN _____

NAME _____ SSN _____

MUST RETURN CERTIFICATES TO ADD TOD

DAYTIME PHONE /CELL NUMBER _____

EMAIL ADDRESS _____

By signing this form, I request enrollment, certify that I have received and read the AFL Stock Plan (the Plan) prospectus, and agree to abide by the terms and conditions of the Plan. If no reinvestment option is selected above, I understand that full reinvestment will apply to my account.

LEGAL SIGNATURE AS NAME APPEARS ABOVE (IF JOINT ACCOUNT, ALL PERSONS MUST SIGN. IF CUSTODIAL, REGISTERED CUSTODIAN MUST SIGN.)

SIGNATURE

SIGNATURE

**ALL NEW ENROLLEES MUST COMPLETE THE SUBSTITUTE W-9 FURNISHED BELOW.
IF THE IRS HAS NOTIFIED YOU OF BACKUP WITHHOLDING, YOU MUST STRIKE THROUGH ON NUMBER 2 BELOW.**

Substitute W-9

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **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 as a result of failure to report all interest or dividends, 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).

Signature

Date

Aflac Incorporated
Worldwide Headquarters
AFL Stock Plan
1932 Wynnton Road
Columbus GA 31999

Fax Number:
706.596.3488

Email:
Shareholder@aflac.com

Toll Free Number:
1.800.227.4756

AFL STOCK PLAN

OPTIONAL BANK DRAFT - AUTOMATIC AUTHORIZATION

(Your Financial Institution Must Be a Member of the Automated Clearing House (ACH) Network)

Aflac Incorporated (the Company) is authorized to initiate monthly withdrawals against the financial institution account indicated by the attached voided document, by electronic funds transfer and to apply those funds to the AFL Stock Plan account specified below, for the purchase of Aflac Incorporated common stock. The Company is authorized to initiate corrections to any amounts transferred in error and any claim against the Company or the financial institution involved is waived with respect to the operation of this service.

Once effective, funds will be drafted on the 25th day of each month (or if the 25th day is not a business day, the first business day thereafter), and such funds will be invested within seven (7) days. This authorization will remain in effect until the Company receives notice to terminate or revise it. The Company and the financial institution reserve the right to terminate this service at any time.

It is the shareholder's responsibility to notify the Company of changes in financial institution information. Changes may be made by providing the Company with a new Bank Draft Authorization form revising the original instructions. The Shareholder will allow the Company a reasonable amount of time for initiating, revising or terminating bank draft.

Please complete each item listed below for optional bank draft:

NOTE: Checks and/or deposit slips from financial institutions such as Savings & Loans, Trust Banks, Credit Unions and Federal Savings Banks, do not always contain the correct information for bank draft. Please verify with your financial institution that the bank routing number and bank account number shown on your attached voided document are the correct numbers to be used with the ACH Network. *

Social Security # / EIN#

Stock Account # (if known)

Checking account - attach a voided check
Savings account - attach a voided deposit slip
Monthly Deduction (\$50 minimum) \$ _____

*Correct bank routing number (ABA)

*Correct bank account number (DDA)

Daytime Phone No. _____ Cell _____

Signature of Bank Account Holder

Signature of Bank Account Holder

Each bank account holder must sign for optional bank draft.

Correspondence should be addressed to:

Aflac Incorporated
Worldwide Headquarters
AFL Stock Plan
1932 Wynnton Road
Columbus GA 31999

Questions: E-mail: shareholder@aflac.com

Call: 1.800.227.4756
or Fax: 1.706.596.3488