



Dividend Direct Deposit Authorization

Your financial institution must be a member of the Automated Clearing House (ACH) network.

Aflac Incorporated (the Company) is authorized to deposit my dividend payments by electronic funds transfer in the financial institution account indicated by the attached voided document. 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.

This authorization will remain in effect until the Company receives notice to terminate or revise it. The Company and 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 Dividend Direct Deposit Authorization form revising the original instructions. The Shareholder will allow the company a reasonable amount of time for initiating, revising, or terminating direct deposit.

Section I — Shareholder Information	
Social Security No. / Tax ID No.	Stock Account No.
Checking Account (attach a voided check)	Savings Account (attach a voided deposit slip)
Phone No. of Financial Institution	Daytime Phone No. of Shareholder
Signature of Bank Account Holder	Signature of Bank Account Holder
Return this form with a voided check or savings deposit slip.	

Section II — Bank Account Information	
NOTE: Please verify with your financial institution that the bank routing number and bank account number shown on your attached voided check or deposit slip are the correct numbers to be used with the ACH Network.	
Correct Routing Number	Correct Bank Account Number

Section III — Notarization of Shareholder Signature(s)	
Notarized signatures of ALL SHAREHOLDERS are required if the name(s) on the financial institution account to receive dividends is NOT EXACTLY the same as the name(s) on your Aflac Incorporated stock account.	
Shareholder's Signature	Shareholder's Signature
Subscribed and sworn to before me	Subscribed and sworn to before me
_____	_____
this _____ day of _____, _____	this _____ day of _____, _____
Notary Public	Notary Public
My commission expires:	My commission expires:
SEAL	SEAL

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 Attn: Shareholder Services
 1932 Wynnton Road
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Fax to:
 706.596.3488

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 800.227.4756

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