

**Sara Lee**  
**Investment Plan**  
**Enrollment Form**

**Sara Lee Corporation**  
Shareholder Services  
70 West Madison Street  
Chicago, IL 60602-4260  
**888-422-9881 or 312-558-8381**  
**Fax 312-345-5782**  
shareholders@saralee.com



**Name, Address of Account**

Please make any necessary changes to the address, but DO NOT make any changes to the registered name(s). If the registered name(s) need(s) to be changed, please contact Sara Lee Shareholder Services for proper transfer instructions. Once the shares have been re-registered, an enrollment form for the new account will be sent.

**Participation Options**

- Please enroll me in the Plan and begin reinvesting my dividends.
- Please enroll me in the Plan, begin reinvesting, and sign me up for Automatic Investment Service. I have completed Section A on the reverse side of this form.
- Please enroll me in the Plan and pay all dividends in cash. For direct deposit of dividends, please complete Section B on the reverse side of this form.

**Enrollment Authorization**

I (We) have read and agree to the terms and conditions of the Sara Lee Corporation Investment Plan as described in this prospectus and authorize Sara Lee Corporation, Shareholder Services to act as administrator on my behalf.

**(All registered holders must sign.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Substitute W-9 – Taxpayer Identification/Certification**

Social Security or Tax Identification Number \_\_\_\_\_

(For a custodial account please provide the minor's social security number. For a trust account, please provide the taxpayer identification number.)

Under penalty 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 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 a 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION A

### Automatic Investment Authorization Instructions (optional)

Please complete the financial institution information section below. This form is not a substitute for the Employee Stock Purchase Plan Form.

For checking or savings accounts at Savings & Loans, Trust Banks, Credit Unions and Federal Savings Banks, checks and deposit tickets do not always contain the correct information for automatic deduction. Please have a representative from your financial institution complete the financial institution section of this form.

Funds will be deducted on the 10th of each month or the first business day thereafter for investment on the 15th of each month or the first business day thereafter.

**Stockholders residing outside of the United States are required to designate a U.S. bank or other financial institution for this service. The name of at least one registered shareholder must appear on the bank account. Funds cannot be deducted from third-party accounts.**

### Financial Institution Information

Name and Address of Bank or other Financial Institution

Account Type (Checking or Savings): \_\_\_\_\_

Monthly Investment Amount: \$ \_\_\_\_\_ .00 (\$100 minimum)

Bank Representative Name: \_\_\_\_\_

Nine-digit ABA Transit Routing Number:

Phone Number: \_\_\_\_\_

*Please enclose a copy of a voided check or a savings deposit slip to verify banking information.*

Bank Account Number: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

### Automatic Investment Authorization

I (We) hereby authorize Sara Lee Corporation to make automatic monthly deductions from my (our) checking/savings account at a U.S. financial institution on the 10th of each month, or the first business day thereafter, in the amount indicated to invest in shares of Sara Lee Corporation common stock pursuant of the terms of the Sara Lee Investment Plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All registered holders must sign.*

## SECTION B

### Direct Deposit Authorization Instructions

We are pleased to offer you the option of having your quarterly dividends deposited directly into the checking or savings account of your choice. With direct deposit your quarterly dividend is automatically deposited the same day the dividends are paid! No more worrying about lost, stolen or delayed mail. It's easy to sign up – just complete this authorization form and return it to us with a VOIDED check or have your financial institution complete the form.

**Please Check One:**  New Service  Change to Existing Service

**Stockholders residing outside of the United States are required to designate a US bank or other financial institution for this service. The name of at least one registered stockholder must appear on the bank account. Funds cannot be deposited to third-party accounts.**

### Financial Institution Information

Name and Address of Bank or other Financial Institution

Name on Bank Account: \_\_\_\_\_

Account Type (Checking or Savings): \_\_\_\_\_

Bank Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Nine-digit ABA Transit Routing Number:

*Please enclose a copy of a voided check or a savings deposit slip to verify banking information.*

Bank Account Number: \_\_\_\_\_

### Direct Deposit Authorization

I (We) authorized Sara Lee Corporation to deposit my dividend payment(s) into the account specified above and, if necessary, to make debit entries or other adjustments for any deposits made in error. This authorization will remain in effect until I (we) give written notice to terminate this service, or until Sara Lee Corporation has notified me that this direct deposit service has been terminated. I (we) understand that I (we) must give thirty days advance notice in writing to allow reasonable time for my instructions to be executed. I am responsible for notifying Sara Lee Corporation of a change in bank account information. You will receive a confirmation of your deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All registered holders must sign.*