SONOCO®

The Bank of New York
Sonoco Products Company
P.O. Box 1958
Newark, NJ 07101-1958
1-800-432-0140

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies such person who opens an account.

What this means for you: When you complete an enrollment application, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Please be aware that we will verify the information you provide and may also ask for copies of your driver's license or other identifying documents.

❶ Account Ownership

Complete one section below.
Please use a pen and print clearly in CAPITAL LETTERS.

Individual or Joint Account

Owner's Name (first, middle initial, last):

Owner's Social Security Number (used for tax reporting):

Joint Owner's Name, if applicable (first, middle initial, last):

Gifts/Transfers to a Minor (UGMA/UTMA)

Custodian's Name, one name only (first, middle initial, last):

as custodian for Minor's Name (first, middle initial, last):

Under the ☐☐ Uniform Gifts/Transfers to Minors Act.
(State)

Minor's Social Security Number:

Trust

Trustee's Name (first, middle initial, last):

and Co-Trustee's Name, if applicable (first, middle initial, last):

as trustees of (Name of Trust):

for the benefit of:

Trust's Taxpayer Identification Number:

Date of Trust (month, day, year)

Individual/Joint: Joint accounts will be presumed to be joint tenants with rights of survivorship unless restricted by applicable state law or otherwise indicated. Only one social security number is required.
Gifts/Transfers to a minor UGMA/UTMA: A minor is the beneficial owner of the account with an adult as custodian, managing the account until the minor becomes of age, as specified in the uniform gift transfers to minor act in the minor's state of residence.
Trust: An account established in accordance with the provisions of a trust agreement.

❷ Date of Birth

❸ Address & Citizenship

Street Address and Apartment or Box Number

City:

State: Zip code:

Citizenship of Owner, Minor or Trust Beneficiary:

☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien:

Country of Citizenship

*❹ Investment Information

Please make your check payable to The Bank of New York. Note that The Bank cannot accept foreign checks. Checks must be drawn on a U.S. Bank and payable in U.S. dollars.

Please choose only one option:

☐ One-time purchase
The minimum initial investment is $250.00. Thereafter, subsequent payments may be a minimum $50 not to exceed $10,000 per investment and $120,000 per calendar year. Enter investment amount:

$, .

☐ Electronic Funds Transfer (EFT)
The initial investment is a minimum $250 (1). Thereafter, subsequent payments may be a minimum $50 as indicated below and will be automatically withdrawn from your checking or savings account on the 25th day of each month (2). Maximum total annual investment is $120,000. Enter investment amounts:

(1) $, . first-time investment ***and***

(2) $, . monthly deduction

Electronic Funds Transfer (EFT) information:
Bank Routing (ABA) Number:

Account Number:

☐ Checking Account **or** ☐ Savings Account *(Please attach voided check to this application)*

*❺ Signature

Each owner must read and sign this section.

By signing this application, I certify that:
- I have received and read the brochure for the company in which I am investing, and I agree to the Terms and Conditions of the prospectus. I have the authority and legal capacity to purchase shares, am of legal age and believe each investment is suitable for me. I understand that The Bank of New York utilizes BNY Brokerage Inc. for all trading activity relative to the plan on behalf of plan participants.
- I ratify any instructions, given on this account. I agree that neither the company nor The Bank of New York will be liable for any loss, cost or expense for acting upon any instructions if it follows reasonable procedures designed to prevent unauthorized transactions.
- I understand that for joint tenants accounts "I" refers to all account owners, and each of the account owners agrees that any account owner has authority to act on the account without notice to the other account owners. The Bank of New York in its sole discretion, and for its protection, may require the written consent of all account owners prior to acting upon the instructions of any account owner.

Please make sure that all owners sign the application as required.

Signature of Owner — Date (month, day, year)

X

Signature of Joint Owner — Date (month, day, year)

X

Telephone number: _____

❻ Certification

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 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.
3. I am a U.S. person (including a U.S. resident alien)

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.
If I am a Non-Resident Alien, as I've indicated above, I certify under penalties of perjury that I am not a U.S. Citizen or Resident Alien, and that I am an "exempt foreign person" as defined under IRS regulations.

Please make sure that all owners sign the application as required.

Signature of Owner — Date (month, day, year)

X

Signature of Joint Owner — Date (month, day, year)

X

*❼ Dividend Reinvestment Enrollment Election (check one)

☐ Reinvest all net dividends on certificate and Plan Shares.
☐ Reinvest dividends on _____ certificate plan shares.
☐ Pay cash dividends on certificate shares and plan shares.

Please make sure that all owners sign the application as required.

Signature of Owner — Date (month, day, year)

X

Signature of Joint Owner — Date (month, day, year)

X