



**SOUTHERN INVESTMENT PLAN**  
New Investor Enrollment Form  
Please Print

**SECTION I – ACCOUNT REGISTRATION** – Select only one from A, B or C.

**A. INDIVIDUAL OR JOINT ACCOUNT**

Owner's First Name	M.I.	Last Name	Owner's Social Security Number
Joint Owner's First Name	M.I.	Last Name	

**B. CUSTODIAL ACCOUNT**

Custodian's First Name	M.I.	Last Name	
Minor's First Name	M.I.	Last Name	Minor's Social Security No.    Minor's State of Residence

**C. TRUST ACCOUNT** (Please attach copy of first and last page of trust agreement)

Trustee Name(s)	Trust Name	Trust Date	Trust Tax Identification Number
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**SECTION II – ACCOUNT ADDRESS**

Street	City	State	Zip Code	Daytime Phone
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**SECTION III – DIVIDEND AUTHORIZATION** If no box is checked, the account will be enrolled as Full Dividend Reinvestment

- A. Full Dividend Reinvestment:** Reinvest dividends on all shares.
- B. Cash Dividends:** Pay dividends on all shares

**SECTION IV – INITIAL CASH PAYMENT** Make check payable to The Southern Company.

A one time \$10.00 enrollment fee will be deducted from the following amount. **ONLY PERSONAL CHECKS ARE ACCEPTED.**

**Initial Cash Payment Enclosed:** \$ \_\_\_\_\_ .00 (Not less than \$250, nor more than \$300,000).

**SECTION V – ENROLLMENT AUTHORIZATION**

I acknowledge that the Prospectus describing the Southern Investment Plan ("Plan") has been made available to me, either in electronic form at [www.southernco.com](http://www.southernco.com) or in paper form, and hereby request that I be enrolled in the Plan as specified above. I agree to abide by all terms and conditions of the Plan and understand that all requests must be processed in accordance with the Plan Prospectus.

Signature	Date	Signature, If Joint Account	Date
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**SERVICE REQUEST FORMS** – Check below to receive forms (also available at <http://investor.southerncompany.com/stockholder/requets.cfm>)

- DIRECT DEBIT AUTHORIZATION** - funds debited from bank account monthly to purchase additional shares.
- ELECTRONIC DIVIDEND AUTHORIZATION** - dividends electronically deposited to bank account.

**SUBSTITUTE W-9\***: Under penalties of perjury, I certify that the Social Security Number/Taxpayer Identification Number printed on this form is true and correct and that as the holder of the number I am not subject to backup withholding per the Internal Revenue Service. I also certify that I am a U.S. person (including a U.S. resident alien).

Signature	Date
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*\*Required to prevent taxes from being withheld on future payments.*