



**AUTHORIZATION FORM**

**Dividend Reinvestment and Common Stock Purchase Plan  
for  
SONOCO**

I hereby appoint Continental Stock Transfer & Trust Company ("Continental"), or its successor as appointed by The Company, as my Agent, subject to the terms and conditions of the Dividend Reinvestment Purchase Plan ("Plan") as set forth in the accompanying Plan Description, receipt of which is hereby acknowledged. I authorize Continental, as such Agent, to apply my dividends and distributions as selected below and such cash deposits as it may receive from me toward the purchase of full and fractional shares of The Company's Common Stock.

I wish to enroll in the Dividend Reinvestment & Cash Purchase Plan as indicated below.

\_\_\_\_\_ **Dividend Reinvestment** --- I wish to apply dividends on all shares of The Company's Common Stock registered in my name to purchase additional shares.

\_\_\_\_\_ **Partial Reinvestment** --- Paid on \_\_\_\_\_ whole shares and reinvest on the remaining shares of record.  
**(NOTE AT LEAST 10% OF THE SHARES MUST BE REINVESTED)**

\_\_\_\_\_ **Cash Payments** --- Enclosed is a cash payment in the amount of \$ \_\_\_\_\_  
(\$50.00 minimum or as much as \$10,000.00 per month)

\_\_\_\_\_ **Automatic Monthly Deductions** --- I authorize the monthly deduction of \$ \_\_\_\_\_  
from the bank deposit account indicated below and on the **attached voided check.**  
(\$50.00 minimum or as much as \$10,000.00)

**Account # to Debit** \_\_\_\_\_

**ABA Routing # (9 digits)** \_\_\_\_\_

I authorize The Company to pay to Continental for my account all cash dividends on the shares indicated hereon and/or receive cash payments for the purchase of additional common shares. This appointment and authorization is given with the understanding that, subject to the procedures established under the Plan, I may terminate my participation in the Plan by so notifying Continental in writing.

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

SS # or Taxpayer ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Return the completed and signed form to [drp@continentalstock.com](mailto:drp@continentalstock.com) or mail to:  
Continental Stock Transfer & Trust  
Attn: Dividend Reinvestment  
1 State Street, 30th Floor  
New York, NY 10004-1561**

**If you require further assistance, please do not hesitate to contact us:  
Phone: 866-509-5584, Monday through Friday, 8:00AM to 6:00PM, Eastern Time  
Email: [drp@continentalstock.com](mailto:drp@continentalstock.com)**