



Bellsouth Savings Plans Beneficiary Designation Form

PLEASE PRINT IN CAPITAL LETTERS USING BLACK INK, OR TYPE ALL INFORMATION. DO NOT USE WHITEOUT.

A. PLANS FOR WHICH YOU ARE DESIGNATING A BENEFICIARY

The beneficiary designation(s) made on this form apply to the plans checked below in which you are enrolled or for which benefits are payable by reason of your death.

- BellSouth Retirement Savings Plan (Management)
- BellSouth Savings and Security Plan (Nonmanagement)
- Both Plans

B. ABOUT YOU

Participant's Name (First, Middle Initial, Last)
(SSN)

Participant's Social Security Number

Home Street Number and Street Name

City State Zip Country

() -
Daytime Phone Number

C. MARITAL STATUS

Single Married

Federal law requires a married participant to name his or her spouse as the primary beneficiary of the Savings Plan benefits, unless the spouse consents in writing (Section D) to another beneficiary designation (Section F and/or G) and this consent is witnessed by a Notary Public.

D. YOUR SPOUSE'S CONSENT

I hereby consent to the beneficiary designation on this form and acknowledge that (1) the effect of such designation will cause part or all of my spouse's account balance to be paid to someone other than me; (2) each primary beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Notary Seal

Spouse's signature

Signed in the presence of:

Notary Public Signature

Subscribed and sworn
before me on this date:

mm dd yyyy

My commission
expires on this date:

mm dd yyyy

E. YOUR AUTHORIZATION AND DATE

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries.

Note: If you are married, then your spouse must be your primary beneficiary. If your spouse is not your sole primary beneficiary, this Beneficiary Designation Form is invalid without the consent of your spouse.

Participant's signature

Date

Return the original in the enclosed envelope or, if unavailable, address another envelope to the following address:

BellSouth Participant Service Center
P.O. Box 770003
Cincinnati, OH 45277-0065



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F. PRIMARY BENEFICIARY INFORMATION

The sum of the share percentages must equal 100%. To designate additional beneficiaries, photocopy this page.

1

Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:		
Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):		
Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>			

2

Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:		
Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):		
Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>			

3

Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:		
Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):		
Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>			

Primary Beneficiary Total: 100%

G. SECONDARY BENEFICIARY INFORMATION

The sum of the share percentages must equal 100%. To designate additional beneficiaries, photocopy this page.

1

Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:		
Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):		
Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>			

2

Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:		
Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):		
Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>			

3

Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:		
Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):		
Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/> Sex: M <input type="checkbox"/> F <input type="checkbox"/>			

Secondary Beneficiary Total: 100%