PROCTER & GAMBLE
STOCK OPTIONS ONLINE
ENROLLMENT FORM

Name: _____ Global ID (if known): _____

I wish to enroll in Stock Options Online (SOO). My election will remain in force until I request a change in writing to Stock Plan Administration.

Data Privacy Information

Your data is currently stored at P&G in compliance with P&G information security and privacy policies. When you enroll in SOO, P&G will transfer your data to a trusted third party vendor in order to provide the SOO service. Vendors who handle employee or retiree personal data must meet P&G's standards for information security and privacy. The vendor will only use the data to provide the SOO service which includes electronic account statements and electronic transaction execution. Data collected by SOO will securely be transmitted to P&G for further execution.

I hereby explicitly and unambiguously agree that information about my stock options, including my name, home address, date of birth, social insurance number or other identification number, may be collected, used and transferred, in electronic or other form, across the borders of my country, to the United States or elsewhere, by and among, as applicable, the Employer, P&G and its subsidiaries and affiliates for the exclusive purpose of implementing, administering and managing my participation in the Stock Option Plan. I understand that P&G and the Plan recognize and respect the importance of protecting the privacy of Procter & Gamble shareholders' personal information. I understand that P&G will not share or disclose my personal information with any third party, except to provide account services to me. If I have questions about how this Plan collects and uses my personal information, I understand that I may contact Stock Plan Administration to obtain a copy of The Procter & Gamble Privacy Statement.

Nature of Grant
By completing and signing this Enrollment Form, I acknowledge that I am voluntarily enrolling in the Plan; I have read, understand, and agree to the statements contained on this form and I certify that the personal information that I have supplied on this form is correct.

OPTIONEE SIGNATURE

_____ _____
Signature of Optionee Date

Birth Date: _____ T-Number (if known): _____

Last 4 digits of Social Security Number:_____

Email address (required): _____
Please print clearly in block letters – our ability to accurately read your email address is critical to enrollment.

Country where you reside: _____

Return this form to Stock Plan Administration in one of the following ways:
Scan a copy and email to: stockopt.im@pg.com
Fax to: 513-983-0159
Mail to: Stock Plan Administration, The Procter & Gamble Company, Two P&G Plaza, TE-3, Cincinnati, OH 45202