

DIVIDEND PAYOUT ELECTION FORM
RETIREMENT SAVINGS PLAN (Please copy as needed)

D-1

SECTION A: NAME AND ADDRESS

Company/Plan Name: **The South Financial Group, Inc. ESOP**

Dividend Payout Election Year: _____

Participant Name: _____
Last Name First Name Middle

Social Security #: _____

Address: _____
Street/P.O. Box City State Zip

Home Phone: _____ Office Phone: _____

E-mail Address: _____

SECTION B: ELECTION STATEMENT

I request the following Dividend Payout:

- I elect to have the dividends on The South Financial Group, Inc. stock held in my account as of January 3rd of the Dividend Payout Election Year indicated above paid to me in quarterly cash distributions. I hereby authorize the plan administrator to distribute these dividends to me in a taxable distribution as soon as administratively practical after each quarterly dividend payment date or any other dividend payment dates during the year, beginning with the first-quarter dividend for the Dividend Payout Election Year.

I realize this election will continue for all dividends paid during the Dividend Payout Election Year and I may not change this election after January 3rd with respect to any dividends paid during that year. This election will have no bearing on any dividends relating to subsequent calendar years, and I understand that I will receive an election form at a later time with respect to any dividends paid after this Dividend Payout Election Year.

SECTION C: SIGNATURE OF PARTICIPANT

Participant/Beneficiary Signature: _____

Date: _____

Trustee Signature: _____

Date: _____