

AUTHORIZATION FORM



Registered owner of shares: _____

(Please print name)

Account number: _____

(See dividend cheque)

Street address: _____

City/town: _____

Province: _____ Postal code: _____

Telephone: _____

Bell Aliant Dividend Reinvestment and Stock Purchase Plan

By signing this form, I request enrolment in the Bell Aliant Dividend Reinvestment Plan and acknowledge that I have read the brochure describing the Plan and that my participation will be subject to its terms and conditions. I also acknowledge that this authorization to enroll my shares in the Plan will remain in effect until I notify CIBC Mellon Trust Company in writing in accordance with the Plan.

Signature: _____

Date: _____

Note: Authorization forms must be received at CIBC Mellon Trust Company by the Share Dividend Record Date to be enrolled in the Plan for the next dividend.

Mail this Authorization form to:

Bell Aliant Inc.

c/o CIBC Mellon Trust Company

PO Box 70 10, Adelaide Street Postal Station

Toronto, ON M5C 2W9

Detach here

OPTIONAL CASH PAYMENT FORM



Registered owner of shares: _____

(Please print name)

Account number: _____

Street address: _____

City/town: _____

Province: _____ Postal code: _____

Telephone: _____

Bell Aliant Dividend Reinvestment and Stock Purchase Plan

Enclosed is an Optional Cash Payment in the amount of \$ _____ (quarterly maximum \$10,000) payable to CIBC Mellon Trust Company for the purchase of additional shares of Bell Aliant Inc. under the terms of the Dividend Reinvestment and Stock Purchase Plan, which the undersigned has read.

Signature: _____

Date: _____

Note: Optional Cash Payments must be received at CIBC Mellon Trust Company by the Cash Receipt Date in order to participate on the next Investment Date.

Mail this Optional Cash Payment form

along with your payment to:

Bell Aliant Inc.

c/o CIBC Mellon Trust Company

PO Box 70 10, Adelaide Street Postal Station

Toronto, ON M5C 2W9