

NOTICE TO EXERCISE 02/12

Please complete and return to Stock Plan Administration. Your request cannot be processed without a legible, fully completed notice.

<p>The Procter & Gamble Company Stock Plan Administration</p>	<p>Phone: 513-983-5050 FAX: 513-983-0159 stockopt.im@pg.com</p>	<p>TE-3 G.O. Two Procter & Gamble Plaza Cincinnati, OH 45202</p>
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CHOOSE SERIES TO EXERCISE (Note: The first blank space is for the type of grant, the second blank is for the number of shares to exercise.)

2/1999 _____ for _____ shares	2002 _____ for _____ shares	2006 _____ for _____ shares
9/1999 _____ for _____ shares	2003 _____ for _____ shares	2007 _____ for _____ shares
2000 _____ for _____ shares	2004 _____ for _____ shares	2008 _____ for _____ shares
2001 _____ for _____ shares	2005 _____ for _____ shares	2009 _____ for _____ shares
Other _____ for _____ shares	Other _____ for _____ shares	Other _____ for _____ shares

CHOOSE METHOD OF EXERCISE (Note: exercise of a SAR will automatically result in cash, skip to next section.)

U.S. CITIZENS, PERMANENT RESIDENTS (U.S. Green Card), or currently residing in the U.S: choose one of the following methods:

To receive Cash, select: ↓

Sell All:

Broker sells all shares indicated above. You receive cash.

_____ Sell at Market
_____ Sell at Limit \$ _____ *

Contact Stock Plan Administration for cash payment amount

To receive Stock, select one of the following two methods: ↓

Sell to Cover:

Pay no cash. Broker sells enough shares to cover option cost and taxes. You receive the balance of shares.

_____ Sell at Market
_____ Sell at Limit \$ _____ *
Resulting shares will be deposited into a SIP account.

Pay Cash:

Pay cash to cover option cost and taxes. You receive shares.

_____ Enclosed is a check for US\$ _____ payable to P&G.
_____ I have transmitted US\$ _____ via wire transfer.
Resulting shares will be deposited into a SIP account.

RESIDENTS OF: Algeria, Bangladesh, Belarus, Bosnia, China, Colombia, Croatia, Greece, India, Indonesia, Kazakhstan, Kyrgyzstan, Lebanon, Macedonia, Malaysia, Mongolia, Montenegro, Morocco, Russia, Senegal, Serbia, South Africa, Sri Lanka, Thailand, Ukraine, Uzbekistan, Vietnam, Yugoslavia check below:

_____ **Sell All:** Broker sells all shares indicated above. You receive cash.

_____ Sell at Market
_____ Sell at Limit \$ _____ *

ALL OTHER OPTIONEES: choose one of the following methods:

To receive Cash, select: ↓

Sell All:

Broker sells all shares indicated above. You receive cash.

_____ Sell at Market
_____ Sell at Limit \$ _____ *

Contact Stock Plan Administration for cash payment amount

To receive Stock, select one of the following two methods: ↓

Sell to Cover:

Pay no cash. Broker sells enough shares to cover option cost and taxes. You receive the balance of shares.

_____ Sell at Market
_____ Sell at Limit \$ _____ *
Resulting shares will be deposited into a SIP account.

Pay Cash:

Pay cash to cover option cost and taxes. You receive shares.

_____ Enclosed is a check for US\$ _____ payable to P&G.
_____ I have transmitted US\$ _____ via wire transfer.
Resulting shares will be deposited into a SIP account.

*If Limit is not reached by the time of expiration for the grant series indicated above, **the grant will expire unexercised.**

CERTIFICATION OF EMPLOYMENT INTENT (required for "active" employees only)

The right to exercise any stock option or stock appreciation right under The Procter & Gamble Stock Plans is conditional upon certification by the recipient at the time of exercise that the recipient intends to remain in the employ of the Company or one of its subsidiaries for at least one year following the date of exercise. To comply with this certification provision, select one of the following:

1. I intend to remain in the employ of the Company or one of its subsidiaries (except in the case of retirement or disability) for at least one year following the date of exercise.

Optionee Signature

Date

2. I intend to leave the Company or one of its subsidiaries within one year following the date of exercise, but I have no intent to engage in any activity that would violate the non-compete, which I have read and understand.
I also understand that it is my responsibility to have this "Notice to Exercise" approved by my Vice President.

Optionee Signature

Date

Vice President Signature*

Date

Print Vice President Name

*This confirms, as required by the Compensation Committee, that the optionee has not acted significantly contrary to the best interests of the Company.

