



DIVIDEND REINVESTMENT AND SHARE PURCHASE PLAN ENROLLMENT FORM

I (we) hereby elect to participate in the United Community Banks, Inc. Dividend Reinvestment and Share Purchase Plan (the "Plan"), and any successor plan, in accordance with the provisions as outlined in the Plan and the prospectus describing such Plan. By checking the appropriate box and signing my (our) name(s) on the opposite side of this Enrollment Card, I (we) hereby:

1. Acknowledge receipt of the prospectus describing the Plan;
2. Authorize United Community Banks, Inc. (the "Company") to pay to Continental Stock Transfer & Trust Company, as Plan Administrator for my (our) account, all cash dividends payable on all the shares Common Stock registered in my (our) name, or all cash dividends payable on such lesser number of shares of Common Stock registered in my (our) name specified by me (us) on the opposite side of this Enrollment Card;
3. Authorize the Administrator, as agent, to retain for credit to my (our) account such cash dividends, and any Common Stock that is distributed as a non-cash dividend or otherwise on the shares of Common Stock credited to my (our) account, and to distribute to me (us) any other non-cash dividend paid on such shares;
4. Authorize the Administrator, as agent, to apply such cash dividends to the purchase of shares of Common Stock for my (our account) in accordance with the terms and conditions of the Plan;
5. Authorize the Administrator, as agent, to receive voluntary cash contributions from me (us), if and when I (we) may choose to invest voluntary cash contributions from time to time, and apply them to the purchase of shares of Common Stock for my (our) account; and
6. Agree to the terms and conditions of the Plan.

FULL DIVIDEND REINVESTMENT

I wish to reinvest dividends on all shares registered in my name.

PARTIAL DIVIDEND REINVESTMENT

I wish to have dividends reinvested on ____ (please fill in number) shares registered in my name.

Dividends on shares of Common Stock you purchase with voluntary cash contributions will be automatically reinvested. If you wish to make voluntary cash contributions to purchase shares under the Plan, but do not want the dividends on other shares of Common Stock you own to be reinvested, check the above box "Partial Dividend Reinvestment" and enter "0" on the line for the number of shares.

Name & Address: Account Number: _____ Social Security or Taxpayer ID: _____ Daytime Telephone Number: _____	Please sign exactly as the name appears on your stock certificate or on United's list of record shareholders. If shares are held jointly, each shareholder must sign. Executors, Administrators, Trustees, Guardians and others signing in a representative capacity, please give full title. Signature(s): Date:
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Return this form to:
 Continental Stock Transfer & Trust Company
 Dividend Reinvestment Department
 1 State Street | 30th Floor
 New York, NY 10004-1561
 (800) 509-5586