

**SCANA CORPORATION
RETIREE LIFE INSURANCE
BENEFICIARY FORM**

PLEASE PRINT IN INK OR TYPE

RETIREE NAME: _____ YOUR FORMER EMPLOYEE ID # _____

ADDRESS: _____

I reserve the right to change this designation at any time. I revoke any and all previous beneficiary designations prior to the effective date shown below.

TYPES OF BENEFICIARY:

- 1 = Regular or Sole Beneficiary
 - 2 = Co-Beneficiary - Share as Specified
 - 3 = Contingent Beneficiary - To receive in the event of the death of the primary beneficiary.
- If more than one contingent beneficiary is designated, payment will be made in equal shares or all to the last survivor.

Designate the distribution of the proceeds as a percentage of the total amount.

| Beneficiary Name Address THE INFORMATION BELOW IS REQUIRED FOR BENEFIT ASSIGNMENT | Type of Beneficiary (1,2,3) | Whole Percentages Only |
|---|-----------------------------------|------------------------------|
| Name _____ Date of Birth _____ Address _____ Relationship _____ _____ SS# _____ | | |
| Name _____ Date of Birth _____ Address _____ Relationship _____ _____ SS# _____ | | |
| Name _____ Date of Birth _____ Address _____ Relationship _____ _____ SS# _____ | | |

SIGNATURE: _____

EFFECTIVE DATE: _____

RETURN TO:
220 Operation Way
MC C131
Cayce, SC 29033



Updated 10/10