



CANCELLATION FORM

- The Contributor should complete, sign, date and have this form notarized below.
- Cancellation fees will be deducted from the refund. Cancellation fees are not assessed for death/disability cancellations.
- Questions should be directed to Customer Service at our toll-free number, 1-888-772-4723.
- Submit to SCTPP, PO Box 44289, Jacksonville, FL 32231-4289 or fax to 1-800-519-4652.
- Refund checks are typically issued within 4 – 6 weeks of receiving the cancellation request.

Current Contract Information

SCTPP Account Number _____
Current Contributor _____
Daytime Telephone Number (____) _____
Current Beneficiary _____

Please select the cancellation type:

____ Involuntary - death or disability of beneficiary (include copy of death certificate or supporting documentation of disability).

____ Voluntary – Reason: _____

Following is information regarding cancellation of a SCTPP contract:

Tuition prepayment contract cancellation is voluntary on the part of the Contributor and is required to be submitted in writing and notarized. Only the Contributor may cancel a contract and receive a refund of payments made under a contract.

In the event of a cancellation request prior to the first anniversary of the first payment due of the original contract, the Contributor shall receive a refund equal to all contributions made less any applicable fees and service charges.

In the event of a cancellation request following the first anniversary of the first payment due of the original contract, the Contributor shall receive a refund equal to all contributions made, less any benefits used, any refunds paid, and all applicable fees and service charges; plus earnings as deemed by the Program.

If the Beneficiary dies or becomes disabled prior to receiving all benefits under a contract and a change of beneficiary is not requested, monies paid for the purchase of a SCTPP contract shall be returned to the Contributor in lump sum to include the lesser of the total of contract contributions plus the compounded rate of return earned by the Fund or the current average weighted credit hour value of in-state registration fees for all South Carolina public institutions in the same academic year as determined by the Program, less any benefits used, any refunds paid, and all applicable fees and service charges. A copy of the death certificate or proof of disability must be submitted along with this form.

I certify that I am the legal contract Contributor, and I authorize SCTPP to cancel the above-referenced contract.

Current Contributor's Signature _____

(Notary must witness signature)

Date _____

Notary Section

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature _____

Date _____

(Seal or Stamp)