



CHANGE OF BENEFICIARY

CONTRIBUTOR'S NAME: _____
SCTPP ACCOUNT NUMBER: _____
ORIGINAL BENEFICIARY: _____
PROJECTED ENROLLMENT YEAR: _____

THE FOLLOWING INFORMATION IS REQUESTED FOR THE SUBSTITUTE

SUBSTITUTE BENEFICIARY: _____
RELATIONSHIP TO ORIGINAL BENEFICIARY: _____
ADDRESS: _____
SOCIAL SECURITY NUMBER: _____
BIRTH DATE: _____
CURRENT GRADE: _____
PROJECTED ENROLLMENT YEAR: _____

I CERTIFY THAT THE PERSON WHO IS TO BE SUBSTITUTED MEETS THE CRITERIA AS SPECIFIED IN THE MASTER AGREEMENT. TO AUTHORIZE THIS CHANGE PLEASE SIGN THIS COMPLETED FORM, HAVE IT NOTARIZED WITH AN OFFICIAL NOTARY SEAL AND MAIL IT WITH THE \$25.00 PROCESSING FEE. EXCLUDE THE \$25.00 PROCESSING FEE IN CASE OF DEATH OR DISABILITY OF THE ORIGINAL BENEFICIARY.

**STATE OF SOUTH CAROLINA
COUNTY OF _____**

Contributor Signature

Date

The foregoing instrument was acknowledged
before me this ____ day of _____, 20__

NOTARY PUBLIC, STATE OF SOUTH CAROLINA

**PLEASE RETURN COMPLETED FORM TO:
SCTPP
PO Box 44289
Jacksonville, FL 32231-4289**

Rev 10/15/2012