



Joint Contributor Form

This form allows the Contributor of the South Carolina Tuition Prepayment Program contract named below to designate a Joint Contributor. The Joint Contributor is the person to whom the Contributor's rights and obligations under the Contract will be transferred in the event of the Contributor's death. The Joint Contributor may receive contract information but cannot make any changes to the contract during the life of the Contributor. All refunds are payable to the Contributor (or Joint Contributor in the event of the Contributor's death).

ACCOUNT INFORMATION

Contributor Name

SCTPP Account Number

Beneficiary Name

Beneficiary Social Security Number

DESIGNATION OF JOINT CONTRIBUTOR

In accordance with the Master Agreement, in the event of my death, I appoint the following as the party to whom I desire to transfer my rights and obligations under the Contract. Under no circumstances may this person be the beneficiary. (Please print name and address of designated party and sign below):

Name

Social Security Number

Address

City

State

Zipcode

() _____
Telephone Number

Signature of Contributor _____

Date _____

Signature of Joint Contributor _____

Date _____

Return to:
SCTPP
PO Box 44289
Jacksonville, FL 32231-4289

OR

fax to:
800-519.4652

Rev 10/15/2012