

STATE ORP ACTIVE INCIDENTAL DEATH BENEFIT
BENEFICIARY DESIGNATION

Print or type in black ink

South Carolina Retirement Systems
SC Public Employee Benefit Authority
Attention: Enrollment
P.O. Box 11960, Columbia SC 29211-1960

CHECK ONE:
 State ORP New Enrollee
 State ORP Active Incidental Death
Benefit Beneficiary Change

Please read the instructions on Page 2
before completing this form.

Section I PERSONAL INFORMATION							
1. Last Name & Suffix			2. First/Middle Name			3. Social Security Number	
4. Date of Birth		5. Address					
6. City				7. State		8. ZIP+4	

Section II BENEFICIARY(IES) FOR ACTIVE INCIDENTAL DEATH BENEFIT				
I designate the following beneficiary(ies) to receive the State ORP Group Life Insurance:				
1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
4. Name of Trustee(s)	Trust ID, if applicable	Address of Trustee(s)		
Name of Trust Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
Name of Trust Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section III CERTIFICATION AND CONDITIONS	
IMPORTANT: Please read the Certification and Conditions section of the instructions on Page 2 before signing this form. I hereby certify I have read and understand the information on Page 2, including the certification and conditions, and I agree to the provisions stated.	
MEMBER'S SIGNATURE _____ (Do not print)	WITNESS _____ (Required only when signed by mark)
STATE OF _____	COUNTY OF _____
ACKNOWLEDGED BEFORE ME THIS DATE _____	NOTARY NAME _____
MY COMMISSION EXPIRES _____	NOTARY SIGNATURE _____ (Out of state, requires Seal)