

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 _____ WITNESS _____ (Do not print) (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)	

INSTRUCTIONS

USE THIS FORM FOR STATE ORP BENEFICIARY DESIGNATIONS. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY EACH TIME A BENEFICIARY DESIGNATION IS MADE OR CHANGED.

SECTION I

Complete this section by providing the requested information for items 1-8.

SECTION II

STATE ORP ACTIVE INCIDENTAL DEATH BENEFIT - If your State ORP employer has elected Incidental Death Benefit coverage and you die in service with at least one year of service credit, a payment equal to your current annual salary will be paid to your designated beneficiaries or trustees. If your death is the result of a job-related injury, the one-year requirement is waived. Complete this section to designate or change your beneficiary(ies) for your Incidental Death Benefit. You may designate one or more beneficiaries. If you designate more than one beneficiary, total benefits will be divided equally among them and each beneficiary will receive the same amount. If you are designating benefits to be paid through a trust, please complete the information in Section II, item 4 on Page 1. If you are designating more than three beneficiaries, complete and attach an additional Form 1106, please write the total number of pages you are submitting on each Form 1106 in the space at the bottom left corner of Page 1.

SECTION III

CERTIFICATIONS AND CONDITIONS

- 1. CERTIFICATION:** The member must appear before a notary public to acknowledge signing this form, and the form must be properly notarized. If more than one form is completed, **ALL** forms must be notarized on the same date. **FORMS ALTERED IN THE BENEFICIARY DESIGNATION OR CERTIFICATION SECTIONS WILL NOT BE ACCEPTED.**
- 2. REVOCATION:** All previous State ORP Active Incidental Death Benefit beneficiary designations are hereby revoked.
- 3. AUTHORIZATION:** I hereby authorize the SC Retirement Systems to make payment of State ORP Incidental Death Benefit in the event of my death during State ORP active employment to the beneficiary(ies) designated on this form in accordance with the provisions of the SC Retirement Systems, and agree on behalf of myself and my heirs and assigns, that this State ORP Incidental Death Benefit payment so made shall be a complete discharge of the claim or claims, and shall constitute a release of the Retirement Systems from any further obligations on account of the State ORP Incidental Death Benefit. I reserve the right to change the designated beneficiary(ies) by a written designation filed with the SC Retirement Systems in accordance with its rules and regulations.
- 4. PAYMENT:** The SC Retirement Systems shall be fully discharged of liability for all amounts paid to the beneficiary(ies), and shall have no other obligation as to the application of such amounts. In any dealing with a beneficiary(ies), including but not limited to any consent, release, or waiver of interest, the SC Retirement Systems shall be fully protected against the claim or claims of every other person.

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