STATE OF SOUTH CAROLINA

OFFICE OF COMPTROLLER GENERAL

UNITED STATES SAVINGS BOND ELECTION FORM

☐ ADD ☐ DELETE ☐ CHANGE - Enter Bond Owner SSN_____

☐ TEMPORARILY INACTIVE - Do Not Refund Account Balance

EFFECTIVE PAYDAY_____

EMPLOYEE INFORMATION

Social Security Number	Employee Name
Agency Code	**Agency Name**

BOND OWNER INFORMATION

(Check One Box Only)

☐ Same As Employee
(Use Payroll Name and Address)

☐ Other

COMPLETE IF "OTHER" CHECKED

Social Security Number:_____

Name:_____

Street:_____

City:_____ State:_____ Zip:_____

BOND DENOMINATION and (Purchase Price) - (Only Check One Box Under Either Series EE or I)

SERIES EE		SERIES I	
☐ $ 100.00	($ 50.00)	☐ $ 50.00	($ 50.00)
☐ $ 200.00	($100.00)	☐ $ 75.00	($ 75.00)
☐ $ 500.00	($250.00)	☐ $ 100.00	($ 100.00)
☐ $1,000.00	($500.00)	☐ $ 500.00	($ 500.00)
		☐ $1,000.00	($1000.00)

Complete This Section Only If The Employee Wishes To Name a Co-Owner or Beneficiary

(Check One Box Only)

☐ Co-Owner
☐ Beneficiary (POD)

Co-Owner/Beneficiary Name_____
(Print)

I certify that the above information is correct and may be used by the Office of Comptroller General in the administration of my payroll savings bond deduction account.

Employee Signature:_____ Date:_____