Form 1106
Revised 06/07/2002

Print or type in black ink

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

STATE ORP ACTIVE GROUP LIFE BENEFICIARY DESIGNATION

South Carolina Retirement Systems
State Budget and Control Board
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

CHECK ONE:

- ◯ State ORP New Enrollee
- ◯ State ORP Active Group Life Beneficiary Change

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 GROUP LIFE INSURANCE

I designate the following beneficiary(ies) to receive the State ORP Group Life Insurance:

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ◯M ◯F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ◯M ◯F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex ◯M ◯F	Date of Birth	Relationship
4. Name of Trustee(s), (attach Form 1113)	Trust ID, if applicable	Address of Trustee(s)		
Name of Trust Beneficiary (ONE PERSON)	Social Security #	Sex ◯M ◯F	Date of Birth	Relationship
Name of Trust Beneficiary (ONE PERSON)	Social Security #	Sex ◯M ◯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)

Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

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 GROUP LIFE INSURANCE - If your State ORP employer has elected Group Life Insurance 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 Group Life Insurance 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. You must also complete a Certification of Trust (Form 1113) and submit it with this form (Form 1106). 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 group life beneficiary designations are hereby revoked.
3. **AUTHORIZATION:** I hereby authorize the SC Retirement Systems to make payment of State ORP Group Life Insurance 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 Group Life Insurance 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 Group Life Insurance. 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.