



**South Carolina Deferred Compensation Program  
401(k) Profit Sharing Program  
Change of Address Form**

**PLEASE PRINT OR TYPE IN DARK INK.**

<b>PARTICIPANT INFORMATION</b>			
Participant Name	Social Security Number	Date of Birth	
Old Home Address	City	State	ZIP Code
Employer Name	Work Telephone Number	Home Telephone Number	

<b>NEW ADDRESS INFORMATION</b>			
New Home Address	City	State	ZIP Code

<b>AUTHORIZATION</b>	
Your signature is required to process this form. This change of address will take affect as soon as administratively possible. <b>Note: This document must be signed in the presence of a Notary Public.</b>	
_____ Signature of Participant	_____ Date
_____ Notary Public Signature	_____ Commission Expiration Date

**Please return your completed form to:**

**South Carolina Deferred Compensation Commission  
c/o ING  
P.O. Box 5182  
Boston, MA 02206-5182**

**Or fax to: 1-888-850-1359**