



South Carolina Deferred Compensation Program
457 Deferred Compensation Plan
Change of Address Form

PLEASE PRINT OR TYPE IN DARK INK.

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

NEW ADDRESS INFORMATION			
New Home Address	City	State	ZIP Code

AUTHORIZATION	
Your signature is required to process this form. This change of address will take affect as soon as administratively possible. Note: This document must be signed in the presence of a Notary Public.	
_____ 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