



South Carolina Troopers Association



Change of Beneficiary Form

All fields are required. Once completed, either 1) print and mail this form to 4961 Broad River Rd, Columbia SC 29212 or 2) fax it to 803-772-1125.

1. YOUR INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mr. or Ms./Mrs.: _____ Preferred Email Address: _____

Birthdate: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

2. BENEFICIARY INFORMATION

-- Accurate Beneficiary Info is required in order to ensure your loved ones get the benefits to which they are entitled --

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Relationship to You: _____

Remarks (optional): _____

Your Signature

**REMEMBER
TO SIGN!**

Today's Date

For Office Use Only

Date Received: _____ Date Entered: _____ Cert. Issued: _____