

STOCK POWER

THIS FORM MUST BE PRINTED BEFORE COMPLETING.

Return form to SCANA Corporation, Shareholder Services 054, Columbia SC 29218



FROM Current Registration _____
Account# _____

TO FOR VALUE RECEIVED, the undersigned hereby sells, assigns and transfers to: **CHOOSE ONE OF THE FOLLOWING**

****1** INDIVIDUAL or JOINT Account**

Name and Date of Birth _____ Joint Owner (If Applicable) _____ Owner's SSN _____

****2** MINOR Account**

Custodian's Name _____ Minor's Name and Date of Birth _____ Minor's SSN _____ Minor's State of Residence _____

****3** TRUST Account**

Trustee/s Name(s) and Date of Birth _____ Date of Trust _____

Name of Trust _____ Trust's Tax-ID Number _____

****4** CORPORATION, INSTITUTION, FOUNDATION, PARTNERSHIP OR PROFESSIONAL ASSOCIATION Account**

Name _____ Type of ownership _____ Tax-ID Number _____

****5** TRANSFER ON DEATH Account**

Owner's Name and Date of Birth _____ Owner's SSN _____ Beneficiary's Name _____

ADDRESS

WRITE THE MAILING ADDRESS FOR THE NEW REGISTRATION.

NUMBER OF SHARES _____ (Indicate how many shares should be transferred.)

shares of the common Capital Stock of SCANA Corporation standing in the name of the above-referenced account on the books of said Corporation represented by Stock Certificate number/s and/or Account number _____

_____ (Indicate the stock certificate/s and/or Account number that you wish to transfer.)

herewith and do hereby irrevocably constitute and appoint SCANA Corporation attorney to transfer the said stock on the books of the within named Company with full power of substitution in the premises.

DIVIDENDS I would like to (check one box)	<input type="checkbox"/> Reinvest dividends on all shares.	<input type="checkbox"/> Pay cash dividends on all shares.
IF NO BOX IS CHECKED, DIVIDENDS WILL BE PAID.	<input type="checkbox"/> Pay cash dividends on _____ shares and reinvest the dividends on the remaining shares.	
OTHER OPTION	<input type="checkbox"/> Gift Certificate (PLAN SHARES ONLY) <input type="checkbox"/> After transfer is completed sell _____ shares.	

SIGNATURE/S MUST BE MEDALLION GUARANTEED (See Instructions)

AFFIX MEDALLION GUARANTEE

Signature(s) to this Stock Power must correspond with the name(s) as written upon the face of the certificate(s) or registered on the account in every particular without alteration or enlargement or any change whatever.

NOTARIZED SIGNATURES WILL BE REJECTED

SIGNATURE CAPACITY

SIGNATURE (JOINT OWNER) DATE DAYTIME PHONE NO.