

THIS FORM MUST BE PRINTED BEFORE COMPLETING. TWO PAGE DOCUMENT.

Return form to SCANA CORPORATION, Shareholder Services D131, 220 Operation Way, Cayce SC 29033-3701



# STOCK POWER

**FROM: ACCOUNT NO.**

**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\*\* ESTATE Account**

Name of Personal Representative, Executor, Administrator, etc. \_\_\_\_\_ Estate of \_\_\_\_\_ Tax-ID Number \_\_\_\_\_

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

Owner's Name and Date of Birth \_\_\_\_\_ Owner's SSN \_\_\_\_\_ Beneficiary's Name \_\_\_\_\_

**\*\*6\*\* CHURCH-CORPORATION- INSTITUTION-FOUNDATION-PARTNERSHIP or PROFESSIONAL ASSOCIATION Account**

Name \_\_\_\_\_ Tax-ID Number \_\_\_\_\_

**ADDRESS**

WRITE THE MAILING ADDRESS FOR THE NEW REGISTRATION.

**\*\*Due to IRS regulations, you must provide a date of gift or date of death for cost basis calculations.\*\***

DATE OF GIFT: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

ADJUSTED COST BASIS: \_\_\_\_\_  
(IF KNOWN)

ADJUSTED COST BASIS: \_\_\_\_\_  
(IF KNOWN)

**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:**

**DIVIDEND OPTION  
SHARES HELD IN CERTIFICATE FORM  
(SELECT ONE)**

- \_\_\_\_\_ Reinvest dividends on all shares.
- \_\_\_\_\_ Pay cash dividends on all shares.
- \_\_\_\_\_ Reinvest \_\_\_\_\_% of my dividends.

**DIVIDEND OPTION  
DIRECT REGISTRATION SYSTEM (DRS)  
(SELECT ONE)**

- \_\_\_\_\_ Reinvest dividends on all shares.
- \_\_\_\_\_ Pay cash dividends on all shares.
- \_\_\_\_\_ Reinvest \_\_\_\_\_% of my dividends.

**DIVIDEND OPTION  
PLAN SHARES  
(SELECT ONE)**

- \_\_\_\_\_ Reinvest dividends on all shares.
- \_\_\_\_\_ Reinvest \_\_\_\_\_% of my dividends (a minimum of 10%).

**IF NO SELECTION IS MADE, DIVIDENDS WILL BE REINVESTED ON ALL SHARES.**

**STOCK CERTIFICATE ISSUANCE:** Please check the block below if you would like a stock certificate issued. If no instruction is given and depending on your dividend election, certificate shares will be held in our Direct Registration System (book entry) or deposited in the SCANA Investor Plus Plan.

I would like a stock certificate issued upon transfer.

**OTHER OPTIONS:**

Upon transfer please sell \_\_\_\_\_ shares. Signature \_\_\_\_\_

**SIGNATURE/S MUST BE MEDALLION GUARANTEED**

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 alterations or enlargement or any change whatever.

**AFFIX MEDALLION GUARANTEE  
TO RIGHT OF SIGNATURE**

\_\_\_\_\_  
Signature Capacity to Sign

\_\_\_\_\_  
Date Daytime Phone No. ....

\_\_\_\_\_  
Signature Capacity to Sign

\_\_\_\_\_  
Date Daytime Phone No. ....

\_\_\_\_\_  
Signature Capacity to Sign

\_\_\_\_\_  
Date Daytime Phone No. ....