



THIS FORM MUST BE PRINTED BEFORE COMPLETING.

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

OPTIONAL REQUEST FORM

VERY IMPORTANT:

Your account number _____

Daytime phone number _____

Your registration _____

Your address _____

Thank you for informing us that you would like to make changes to your account. Please feel free to contact us if you have any questions about your options. You may reach us at (800) 763-5891.

<p>CHANGE DIVIDEND OPTION (SELECT ONE)</p> <p><input type="checkbox"/> Reinvest dividends on all shares.</p> <p><input type="checkbox"/> Pay dividends on _____ shares and reinvest the dividends on any remaining shares.</p> <p><input type="checkbox"/> Pay cash dividends on all shares.</p>	<p>PLAN OPTIONS (SELECT ONE)</p> <p><input type="checkbox"/> Sell _____ shares.*</p> <p><input type="checkbox"/> Issue a certificate for _____ shares.</p> <p><input type="checkbox"/> Issue a certificate for full shares and a check for fractional share.</p> <p><input type="checkbox"/> Transfer _____ shares to DRS.</p>
---	---

<p>CERTIFICATE SAFEKEEP OR SELL (SELECT ONE)</p> <p><input type="checkbox"/> Deposit enclosed Stock certificate(s) to my Plan account.</p> <p><input type="checkbox"/> Deposit enclosed Stock certificate(s) to my Plan account and sell _____ shares.*</p> <p><input type="checkbox"/> Deposit enclosed Stock certificate(s) in Direct Registration System (DRS).</p> <p>SCANA CORPORATION RECOMMENDS THAT YOU MAIL YOUR STOCK CERTIFICATE/S VIA REGISTERED OR CERTIFIED MAIL.</p>	<p>DIRECT REGISTRATION SYSTEM (DRS) (SELECT ONE)</p> <p><input type="checkbox"/> Move _____ DRS shares into SIPP and sell.*</p> <p><input type="checkbox"/> Issue a certificate for _____ DRS shares.</p> <p><input type="checkbox"/> Issue a certificate for full DRS shares and a check for fractional share.</p>
---	--

***ON SALES, A SMALL BROKERAGE FEE IS INVOLVED.**

ALL REGISTERED OWNERS MUST SIGN

Signature

Signature (Joint Owner)

NOTE TO SCANA

