



**THIS FORM MUST BE PRINTED BEFORE COMPLETING.**  
 Return form to  
 SCANA Corporation, Shareholder Services MC D131, Columbia SC 29218

**OPTIONAL REQUEST FORM**

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

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

Date: \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**NOTE TO SCANA**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_