



**THIS FORM MUST BE PRINTED BEFORE COMPLETING.  
FORM WILL OCCUPY 2 PAGES**

Return form, with check or money order, to  
SCANA Corporation, Shareholder Services D131, Columbia SC 29218.

**Investor Plus Plan Enrollment Form**

**FOR NEW  
SHAREHOLDERS**

Please print all items except signature. *Questions?* Call toll-free 1-800-763-5891 from 9:00 a.m.-4:00 p.m., Eastern Time, Monday-Friday.

**A. ENROLLING IN THE PROGRAM.**

Enclosed is a check or money order for \$ \_\_\_\_\_ (\$250 minimum) made payable to SCANA Corporation for an initial cash investment

**B. DIVIDENDS**

I would like to (check one box)  REINVEST ALL DIVIDENDS  
 REINVEST \_\_\_\_\_% OF MY DIVIDENDS (**A MINIMUM OF 10%**).

By sending a cash investment to SCANA Corporation, you are authorizing SCANA to hold your shares in the SCANA Investor Plus Plan. You may change your enrollment option by using the Enrollment Confirmation form that you will receive after your account has been established.

**C. YOUR ACCOUNT REGISTRATION**

TYPE OF ACCOUNT: Please check **ONE** box and provide all requested information.

**INDIVIDUAL OR JOINT.** Joint accounts will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated. Only one Social Security Number is required for tax reporting.

Owner's first name      M.I.      Last name      Owner's Social Security Number

Joint owner's first name      M.I.      Last name      Owner's Date of Birth

**CUSTODIAL.** A minor is the beneficial owner of the account with an adult Custodian managing the account until the minor becomes of age, as specified in the Uniform Gift/Transfer to Minors Act in the minor's state of residence.

Custodian's first name      M.I.      Last name      Minor's first name      M.I.      Last name

Minor's Social Security Number      Minor's state of residence      Minor's Date of Birth

**TRUST.** Account is established in accordance with provisions of a trust agreement. (Attach copy of title and signature pages).

Trustee/s      Trust date

Name of trust      Tax ID Number

**TRANSFER ON DEATH.** Only one beneficiary may be named per registration.

Owner's Name      Owner's SSN      Beneficiary's Name

**CORPORATION, PARTNERSHIP, or OTHER ENTITY.** Investment clubs must attach a copy of club by-laws or charter.

Business name      Type of ownership      Tax ID Number

**OTHER.** Attach instructions.

