



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

Return form, with check or money order, to  
SCANA Corporation, Shareholder Services MC 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  RECEIVE ALL DIVIDENDS

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.

**D. SIGNATURE**

By signing this form, I request enrollment, certify that I have received and read the prospectus describing the SCANA Investor Plus Plan and agree to abide by the terms and conditions of the Plan. I understand that I may revoke this authorization at any time by written notice to SCANA Corporation. All joint owners must sign.

Under penalties of perjury, I certify that: **A.** the number shown on this form is my/our correct Social Security Number or Taxpayer Identification Number. **B.** I am not subject to backup withholding, either because (1) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (2) the IRS has notified me that I am no longer subject to backup withholding. ( \_\_\_ I have marked this space indicating that I am subject to backup withholding because of underreporting of interest or dividends on my tax returns.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**E. YOUR MAILING ADDRESS**

Please print your name and address on the lines below:

Provide your day and evening phone numbers to assist us in processing your enrollment.

**Daytime phone:** ( \_\_\_\_ ) \_\_\_\_\_

**Evening phone:** ( \_\_\_\_ ) \_\_\_\_\_

[Type text]

[Type text]