

STATE OF SOUTH CAROLINA
OFFICE OF COMPTROLLER GENERAL
UNITED STATES SAVINGS BOND ELECTION FORM

☐ ADD ☐ DELETE ☐ CHANGE - Enter Bond Owner SSN _____

☐ TEMPORARILY INACTIVE - Do Not Refund Account Balance

EFFECTIVE PAYDAY _____

EMPLOYEE INFORMATION

Social Security Number

Employee Name

Agency Code

Agency Name

BOND OWNER INFORMATION

(Check One Box Only)

COMPLETE IF "OTHER" CHECKED

☐ Same As Employee
(Use Payroll Name and Address)

Social Security Number: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

☐ Other

BOND DENOMINATION and (Purchase Price) - (Only Check One Box Under Either Series EE or I)

SERIES EE

☐ \$ 100.00 (\$ 50.00)

☐ \$ 200.00 (\$100.00)

☐ \$ 500.00 (\$250.00)

☐ \$1,000.00 (\$500.00)

SERIES I

☐ \$ 50.00 (\$ 50.00)

☐ \$ 75.00 (\$ 75.00)

☐ \$ 100.00 (\$ 100.00)

☐ \$ 500.00 (\$ 500.00)

☐ \$1,000.00 (\$1000.00)

Complete This Section Only If The Employee Wishes To Name a Co-Owner or Beneficiary

(Check One Box Only)

☐ Co-Owner Co-Owner/Beneficiary Name _____

☐ Beneficiary (POD) (Print)

I certify that the above information is correct and may be used by the Office of Comptroller General in the administration of my payroll savings bond deduction account.

Employee Signature: _____

Date: _____