

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) <input type="checkbox"/> Same As Employee (Use Payroll Name and Address) <input type="checkbox"/> Other	COMPLETE IF "OTHER" CHECKED Social Security Number: _____ Name: _____ Street: _____ City: _____ State: _____ Zip: _____
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BOND DENOMINATION and (Purchase Price) - (Only Check One Box Under Either Series EE or I)

SERIES EE <input type="checkbox"/> \$ 100.00 (\$ 50.00) <input type="checkbox"/> \$ 200.00 (\$100.00) <input type="checkbox"/> \$ 500.00 (\$250.00) <input type="checkbox"/> \$1,000.00 (\$500.00)	SERIES I <input type="checkbox"/> \$ 50.00 (\$ 50.00) <input type="checkbox"/> \$ 75.00 (\$ 75.00) <input type="checkbox"/> \$ 100.00 (\$ 100.00) <input type="checkbox"/> \$ 500.00 (\$ 500.00) <input type="checkbox"/> \$1,000.00 (\$1000.00)
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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 _____ (Print)

Beneficiary (POD)

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: _____