

STATE OF SOUTH CAROLINA

COUNTY OF HAMPTON

Richard Lightsey, *et al.*, on behalf of themselves  
and all others similarly situated,

Plaintiffs,

v.

South Carolina Electric & Gas Company, *et al.*,

Defendants,

South Carolina Office of Regulatory Staff,

Intervenor.

IN THE COURT OF COMMON PLEAS

CASE NO.: 2017-CP-25-335

**DECEASED CLASS MEMBER CLAIM FORM**

If a Class Member is deceased, the Class Member’s Personal Representative/Executor (someone authorized by law or court order to file a claim on behalf of the deceased) or next of kin may complete and submit this Claim Form on the deceased Class Member’s behalf to receive the distributions from the Common Benefit Fund described in the Class Notice. To establish that you are legally authorized to file a claim on behalf of a deceased Class Member, you must: (1) complete the form below; (2) provide a copy of the death certificate; and either (3a) provide a copy of your letter of appointment, court order, or other document showing that you are the deceased Class Member’s Personal Representative/Executor (“proof of Personal Representative/Executor status”); or (3b) provide proof of your next-of-kin status.

If you are neither the Personal Representative/Executor nor the deceased Class Member’s next of kin, do not file this Claim Form. If you are the deceased Class Member’s next of kin, but the deceased Class Member has a Personal Representative/Executor, do not file this Claim Form.

**Please Complete the Following:**

**The Deceased Class Member’s SCE&G Service Address and/or Account Number:**

Name of the Deceased Class Member

Grid for Name of the Deceased Class Member: 25 columns, 1 row.

Address

Grid for Address: 25 columns, 1 row.

City

Grid for City: 20 columns, 1 row.

State

Grid for State: 5 columns, 1 row.

ZIP Code

Grid for ZIP Code: 5 columns, 1 row.

Account Number (if known)

Grid for Account Number: 25 columns, 1 row.

