

Authorization for the SC Public Employee Benefits Authority
To Deduct Monthly Membership Dues for the Society of
Former Agents of SLED

I, the undersigned hereby authorize the SC Public Employee Benefit Authority (PEBA) to deduct from my Retirement Systems' monthly benefit the following amounts:

\$2.00 monthly for the Society of Former Agents of SLED

\$2.50 monthly for the Foundation of Former Employees of SLED

Please complete required information below:

Signature

Date

Print Name (As On File with SCPEBA)

Social Security Number (last 4 digits)