

**SOUTH CAROLINA RETIREMENT SYSTEMS
CERTIFICATION OF FINAL RETIREMENT DEDUCTIONS
FOR A DECEASED RETIRED MEMBER**

Please complete this form within 10 days after issuance of the employee's final paycheck. Please *do not estimate* any amounts. *Do not report active member wages on this form. Active wages and contributions should be reported on Form 6202/6203.*

AUTHORIZED REPRESENTATIVE
FINANCE DIRECTOR
ANY EMPLOYER
1 MAIN STREET
COLUMBIA, SC 29229

SSN: 000-00-0000
JOHN DOE
SCRS
DOD : 9/30/2006
Emp Code: 000.01

SECTION 1: Final Quarters of Compensation (as they will appear on the Quarterly Reports)

The compensation and contribution information from your most recent Quarterly Report for the above retiree is shown below. Please review this information to ensure that it is correct. If any information below is not correct, please strike through it, supply the correct information for that quarter, and initial and date your correction. We also ask that you provide the compensation and contributions for any subsequent quarters of the retiree's employment.

<u>Quarter Begin Date:</u> 01/01/2006	<u>Quarter End Date:</u> 03/30/2006	<u>Period Compensation:</u> \$6,000.00	<u>Contribution:</u> \$390.00
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NEXT QUARTER

<u>Quarter End Date</u>	<u>Period Compensation</u>	<u>Contribution</u>	<u>Contract Length</u>	<u>Months Paid</u>
<u>06/30/2006</u>	<u>\$6,000.00</u>	<u>\$390.00</u>	<u>12</u>	<u>12</u>

FINAL QUARTER

<u>Quarter End Date</u>	<u>Period Compensation</u>	<u>Contribution</u>	<u>Contract Length</u>	<u>Months Paid</u>
09/30/2006	\$6,000.00	\$390.00	12	12
Payment for 45 Unused Annual Leave Days	+ \$4,153.95	+ \$270.01		
Total For Quarter	= \$10,153.95	= \$660.01		

Number of days in a contract or normal work year: 260

Daily rate of pay: \$92.31

* If the employee was working other than a 7.5 or 8 hour work day (i.e. 10, 12, 24 hour shift), please enter the following:

* Number of hours in a shift: _____

* Hourly rate of pay: _____

SECTION 2: Certification

I certify that the information I have provided above, including any corrections, is true and correct to the best of my knowledge.

10/16/2006
(Date)

AUTHORIZED REP
(Authorized Signature)

803-000-0001
(Business Phone/Ext)

803-111-1111
(Fax Number)

SPECIAL INSTRUCTIONS FOR COMPLETING FORM 4250

This retiree has died and the SC Retirement Systems must collect all final wage, leave, and contribution information. *Do not report active member wages on this form. Active wages and contributions should be reported on Form 6202/6203.*

SECTION 1

The most recent quarterly contributions are posted on the form. If there is only one additional quarter of contributions skip "NEXT QUARTER" and only fill out "FINAL QUARTER" information.

Indicate the following for all additional quarters the employee made contributions:

- Quarter End Date.
- The employee's compensation and contributions as they will appear on the quarterly reports.
- The employee's contract length for the quarter.
- The number of months in the quarter that the employee received a pay check (1-3) as it will appear on the quarterly report.
- For the final quarter only: Earnings and contributions for lump sum payment for unused annual leave, if any. Otherwise, indicate "none" or "0".
- For the final quarter only: The total of the quarter as it will appear on the quarterly report. This should be the sum of the Quarter Earnings plus any lump sum payment for unused annual leave.

For all deaths:

Indicate the number of days in the employee's contract or the number of days in a normal work year.
Provide the employee's daily rate of pay.

Complete the following only for employees who work other than a 7.5 or 8 hour work day:

Indicate the number of hours in a shift.
Provide the hourly rate of pay.

SECTION 2

Please sign and date the form. For assistance in completing this form, please contact Customer Service at 803-737-6800 or 1-800-868-9002 (in-state only). If you prefer to fax this form upon completion, you may do so to 803-737-7752. If this form is faxed to us, you do not need to mail the original.