

Transfer On Death (TOD) Beneficiary Designation Application



Any owner of a watercraft or outboard motor may establish a Transfer on Death (TOD) designation on the title. Upon the death of all owners, the titled property belongs to the TOD designation. Upon presentation of the death certificate, the TOD beneficiary must transfer the watercraft/outboard motor into their name through application to SCDNR. To establish, edit or revoke a TOD Beneficiary on an existing title, original titles must be submitted. If original titles are not present, a \$5.00 duplicate title fee applies. Any outstanding liens will be recorded on the TOD Beneficiary's title. Updated titles will be presented to the lienholder.

☐ Establish, edit or revoke a TOD Beneficiary (*Required in addition to all other titling fees.*) \$10.00 per title
☐ Duplicate Title (*Watercraft*) \$5.00 ☐ Duplicate Title (*Outboard Motor*) \$5.00

Owner Information

| Customer # | Name (as it appears on your Driver's License or DMV issued ID Card) | Date of Birth |
|---|---|-----------------------------------|
| C _____ Home _____ | First _____ M Init _____ Last _____ Suffix _____ | mm/dd/yyyy |
| Street _____ Mailing (only if different from Home address) | City _____ State _____ Zip _____ | County of Residence _____ |
| Street or PO Box _____ | City _____ State _____ Zip _____ | Driver's License or DMV ID# _____ |
| Phone _____ Home _____ Cell _____ Work _____ | Phone _____ Home _____ Cell _____ Work _____ | E-mail Address _____ |

Co-Owner Information

| Customer # | Name (as it appears on your Driver's License or DMV issued ID Card) | Date of Birth |
|---|---|-----------------------------------|
| C _____ Home _____ | First _____ M Init _____ Last _____ Suffix _____ | mm/dd/yyyy |
| Street _____ Mailing (only if different from Home address) | City _____ State _____ Zip _____ | County of Residence _____ |
| Street or PO Box _____ | City _____ State _____ Zip _____ | Driver's License or DMV ID# _____ |
| Phone _____ Home _____ Cell _____ Work _____ | Phone _____ Home _____ Cell _____ Work _____ | E-mail Address _____ |

Watercraft Information

| Registration # | Title # | Year | Length | Hull ID # | Make |
|------------------|------------------|-------|--------|-----------|-------|
| SC _____ - _____ | WA _____ - _____ | _____ | _____ | _____ | _____ |

Motor Information

| Title # | Serial # | Year | H.P. | Model | Make |
|-----------------|----------|-------|-------|-------|-------|
| M _____ - _____ | _____ | _____ | _____ | _____ | _____ |


Transfer on Death (TOD) Beneficiary Designation (1)

| | | |
|---|--|-----------------------------------|
| Name First _____ Home _____ | M Init _____ Last _____ Suffix _____ | DOB mm/dd/yyyy |
| Street _____ Mailing (only if different from Home address) | City _____ State _____ Zip _____ | County of Residence _____ |
| Street or PO Box _____ | City _____ State _____ Zip _____ | Driver's License or DMV ID# _____ |
| Phone _____ Home _____ Cell _____ Work _____ | Phone _____ Home _____ Cell _____ Work _____ | E-mail Address _____ |

Transfer on Death (TOD) Beneficiary Designation (2)

| | | |
|---|--|-----------------------------------|
| Name First _____ Home _____ | M Init _____ Last _____ Suffix _____ | DOB mm/dd/yyyy |
| Street _____ Mailing (only if different from Home address) | City _____ State _____ Zip _____ | County of Residence _____ |
| Street or PO Box _____ | City _____ State _____ Zip _____ | Driver's License or DMV ID# _____ |
| Phone _____ Home _____ Cell _____ Work _____ | Phone _____ Home _____ Cell _____ Work _____ | E-mail Address _____ |

Signature Required *Incomplete applications will be returned.*

| | | |
|--|--|------------|
|  | I certify the information I am providing to SCDNR is true and correct. | |
| | Signature of Owner _____ | Date _____ |
| | Signature of Co-Owner _____ | Date _____ |