



# South Carolina Department of Motor Vehicles

## Application for Transfer on Death

**TOD-1**  
Est. 07/2025

Applications are accepted at SCDMV branch offices or can be mailed to: SCDMV, 10311 Wilson Blvd., Building C, Blythewood, SC, 29016-0038.

Pursuant to §62-6-401.

### Transfer on Death (TOD) Overview

- Only owner(s) of titled personal property can add or remove a beneficiary to a title
- The owner(s) must be an individual, not a business
- All owners of the vehicle must be in agreeance when adding the TOD designation on a title
- Must submit a \$15 title fee, certificate of title, and a TOD-1 form to the DMV
- A new South Carolina certificate of title will be issued with the beneficiary's name and the "Transfer on Death" designation

### Lienholders

- If there is a lienholder on the title, the lienholder must provide the certificate of title along with a signed, written request to have the designation added to the title
- Electronic lienholders are only required to submit a signed, written request to have the designation added
- Individuals listed as lienholders may provide a signed letter with a copy of their license or witness signature to have the designation added

### Ownership restrictions

- A beneficiary cannot be added when the titled personal property's ownership is designated as an "and" relationship
- The beneficiary does not have interest or control over the vehicle until the transfer occurs

### Transferring Ownership to the Beneficiary

- You must submit the title, \$15 title fee, and certified death certificate of the vehicle owner(s)
  - If more than one owner is on the title, the beneficiary cannot become the vehicle owner until all owners are deceased
  - If two or more beneficiaries survive, the titled personal property must be titled in an "and" relationship
1. Customers must complete Section A. Only complete Sections B and C if there is more than one beneficiary and vehicle owner.
  2. Customers must also submit a completed [Form 400 Title and/or Registration Application](#).

**Note:** Complete the second page if there are additional beneficiaries.

## SECTION A – To be completed by Vehicle Owner

Beneficiary's Name				Date of Birth	
<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Remove Beneficiary					
Residence Address		City	State	Zip Code	
Mailing Address (if different from above)		City	State	Zip Code	
Customer # or Driver's License #				Phone Number	
Year	Make	Vehicle Identification Number	Model		
<b>Neither divorce nor annulment will automatically revoke the TOD designation on this governing instrument pursuant to S.C. Code Ann. §62-2-507. Customer(s) must submit a TOD-1 to remove the TOD designation.</b>					
I hereby certify that the information given in the application for a Transfer on Death is true and correct. I understand that under applicable state and federal law, incorrect or false information given may result in civil liability and civil or criminal penalties.					
_____ Print Name of Vehicle Owner			_____ Signature of Vehicle Owner		

## SECTION B – Vehicle Co-Owners

(Print full name and sign.)

Vehicle Owner #2 Full Name	Signature
Vehicle Owner #3 Full Name	Signature
Vehicle Owner #4 Full Name	Signature
Vehicle Owner #5 Full Name	Signature



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### SECTION C - Beneficiaries

(Provide details for all beneficiaries)

No.			
1	<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Remove Beneficiary		
	Full Name		Customer # or DL#
	Email Address	Phone Number	Date of Birth
	Residence Address		
	Mailing Address		
2	<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Remove Beneficiary		
	Full Name		Customer # or DL#
	Email Address	Phone Number	Date of Birth
	Residence Address		
	Mailing Address		
3	<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Remove Beneficiary		
	Full Name		Customer # or DL#
	Email Address	Phone Number	Date of Birth
	Residence Address		
	Mailing Address		
4	<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Remove Beneficiary		
	Full Name		Customer # or DL#
	Email Address	Phone Number	Date of Birth
	Residence Address		
	Mailing Address		
5	<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Remove Beneficiary		
	Full Name		Customer # or DL#
	Email Address	Phone Number	Date of Birth
	Residence Address		
	Mailing Address		