



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 agreement 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

- Customers must complete Section A. Only complete Sections B and C if there is more than one beneficiary and vehicle owner.
- 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
Mailing Address (if different from above)		City	State
Customer # or Driver's License #			Phone Number
Year	Make	Vehicle Identification Number	Model
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.			
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



South Carolina Department of Motor Vehicles

Application for Transfer on Death

TOD-1
Est. 07/2025

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		