

AGENCY NAME:	Retirement System Investment Commission		
AGENCY CODE:	E190	SECTION:	99



Fiscal Year 2025-26 Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2025-26, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

NON-RECURRING REQUESTS (FORM B2)	For FY 2025-26, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input checked="" type="checkbox"/>	Not requesting any changes.

CAPITAL REQUESTS (FORM C)	For FY 2025-26, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.

PROVISOS (FORM D)	For FY 2025-26, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Andrew Chernick	803-737-6083	achernick@rsic.sc.gov
SECONDARY CONTACT:	Brian Wheeler	803-737-6843	bwheeler@rsic.sc.gov

I have reviewed and approved the enclosed FY 2025-26 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	Michael Hitchcock	William H. Hancock

This form must be signed by the agency head – not a delegate.

Agency Name:	Retirement System Investment Commission		
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FORM D – PROVISO REVISION REQUEST

NUMBER	99.2
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Cite the proviso according to the renumbered list (or mark "NEW").

TITLE	99.2. RSIC: Unfunded Liability Study
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Provide the title from the renumbered list or suggest a short title for any new request.

BUDGET PROGRAM	0100.000000.000
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	No
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Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	No
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Which other agencies would be affected by the recommended action? How?

SUMMARY & EXPLANATION	<p>Work related to this proviso will be completed in FY2025 and therefore carrying it forward into FY2026 is not necessary.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT

None

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

**PROPOSED
PROVISO TEXT**

Delete Proviso

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.