Designation of Beneficiary

National Electrical Annuity Plan

NOTE: If you do not designate a beneficiary, your death benefits will be paid in the following order.

1. To your spouse, or if none;
2. To your children in equal shares, or if none;
3. To your parents in equal shares, or if none;
4. To your estate.

If above sequence is acceptable to you, do not complete or return this form.

A PARTICIPANT INFORMATION

Participant SSN ___ - ___ - ____ Participant Date of Birth ___ / ___ / 19__

☐ Single
☐ Married
☐ Divorced

Participant Name (first, middle, last) _____

Participant Signature _____

Address Line 1

Address Line 2 (If Needed)

City State Zip

B BENEFICIARY INFORMATION

If you are married and designate that your spouse will receive **less than 100%** of your account balance, then your spouse must consent by completing Section C in the presence of a notary.

Beneficiary 1

SSN ___ - ___ - ____ Date of Birth ___ / ___ / ____ Percentage of Account ___ %

Name(Please Print): _____ Relationship to participant: _____

Beneficiary 2

SSN ___ - ___ - ____ Date of Birth ___ / ___ / ____ Percentage of Account ___ %

Name(Please Print): _____ Relationship to participant: _____

C SPOUSE CONSENT (Required only if spouse is not the sole primary beneficiary)

I am the legal spouse of the above named participant in the National Electrical Annuity Plan. I give my consent to the beneficiary designations above and understand that my share will be _____%. My spouse may not change the beneficiary designations above, during the time we are married to one another, without my consent on a form similar to this one.

Spouse's Name (Please Print)_____

Spouse's Signature _____

County of:_____
State of:_____
Sworn and subscribed to before me this _____day of _____, 20____.
Notary Name:_____
Notary Signature:_____
My Commision Expires:_____

(Seal, Stamp, or Certificate Required)