

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 Commission Expires: _____

(Seal, Stamp, or Certificate Required)

