

NEAP Life Stage Investment Form

National Electrical Annuity Plan

Please write your responses in PRINTED CAPITAL LETTERS without touching the sides.

A B C 1 2 3

SECTION A - LIFE STAGE OPTION

In completing this form, you will need to use black or dark blue ink and fill in the circle completely.

Example: ● RIGHT ⊗ ✓ ● WRONG

Select Life Stage Program

Automatic Life Stage Program

or

Select one Life Stage Fund

Only one choice permitted:

Life Stage Fund -- Under 30s

Life Stage Fund--30s

Life Stage Fund--40s

Life Stage Fund--50s

Life Stage Fund--60s +

Participant's Signature

/ /

Date (mm/dd/yyyy)

() - -

Telephone Number

SECTION B - DATE OF BIRTH AND SOCIAL SECURITY NUMBER

Participant's Date of Birth

/ / 1 9

Corrected Date of Birth (If Necessary)

Participant's SSN

- -

Corrected SSN (If Necessary)

SECTION C - FULL NAME AND CHANGE OF ADDRESS

First Name

MI

Last Name

Change of Address, Line1

Change of Address, Line2 (If Needed)

City

State

Zip

14987



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Instructions:

Section A -- Life Stage Option -- select either the Automatic Life Stage Program or one (1) of the Life Stage Funds. Also in Section A, provide your signature and date you signed this form and your phone number.

Section B -- Date of Birth and Social Security Number --carefully print your date of birth in the boxes provided if the date of birth on the form is incorrect or blank. Also, verify your social security number and if it is incorrect, print it correctly in the boxes provided.

Section C --Name and Address -- carefully print any corrections to your name or address in the boxes provided.

Further Information: If you would like to talk to someone concerning your election, or if you wish to ask for additional information regarding operating expenses of the funds, further investment materials for the funds, and asset, account and performance materials, please contact the NEAP Call Center at (301) 556-4300.

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