

# 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)

