

QUALIFIED RESTRICTED BENEFICIARY – CONTINGENT BENEFICIARY

| Commonwealth of Pennsylvania County of |)) ss: | | |
|---|---|---|-------------------------------------|
| l, | , wish to designate | | , whose current residence |
| is | | | |
| as the Contingent Beneficiary of my | annuity, certificate numbe | rv | vith the National Slovak Society. |
| It is my wish that my Contingent Bentaking a lump sum settlement on this payments over 10 years or equal instance as permitted under the SECURE Act | contract in the event of matallments over a period ba | ny demise. It is my wish that in ased on their life expectancy a | they select either to receive equal |
| I hereby request the National Slovak effective immediately, and to revoke | | | ordance with this directive |
| Owner's Signature: | | <u></u> | |
| Sworn to and subscribed before me t | this | day of | 20 |
| Notary Public: | | | |