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**QUALIFIED RESTRICTED BENEFICIARY – PRIMARY BENEFICIARY**

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Commonwealth of Pennsylvania )  
 County of \_\_\_\_\_ ) ss:

I, \_\_\_\_\_, wish to designate \_\_\_\_\_, whose current residence  
 is \_\_\_\_\_

as the Primary Beneficiary of my annuity, certificate number \_\_\_\_\_ with the National Slovak Society.

It is my wish that my Primary Beneficiary named above will be unable to exercise the option outlined in the contract of taking a lump sum settlement on this contract in the event of my demise. It is my wish that they select either to receive equal payments over 10 years or equal installments over a period based on their life expectancy also as outlined in the contract, and as permitted under the SECURE Act of 2020 and IRS regulations.

I hereby request the National Slovak Society to designate the Primary Beneficiary in accordance with this directive effective immediately, and to revoke any Primary Beneficiaries previously existing.

Owner’s Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public: \_\_\_\_\_