NSS Life®
® Family Matters...

NON-QUALIFIED RESTRICTED BENEFICIARY – PRIMARY BENEFICARY

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 5 years or equal installments over a period based on their life expectancy also as outlined in the contract.

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: _____