NSS Life®
® Family Matters...

QUALIFIED RESTRICTED BENEFICIARY – CONTINGENT BENEFICIARY

Commonwealth of Pennsylvania)
County of _____) ss:

I, _____ ,wish to designate _____, whose current residence

is_____

as the Contingent Beneficiary of my annuity, certificate number _____with the National Slovak Society.

It is my wish that my Contingent 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 Contingent Beneficiary in accordance with this directive effective immediately, and to revoke any Contingent Beneficiaries previously existing.

Owner's Signature: _____

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public: _____