Beneficiary Designation of Capital Credits

Piedmont Electric Membership Corporation Election to pay Capital Credits to a beneficiary	Application date	Member number

☐ **New beneficiary election**   ☐ **Update beneficiary information**

Choose 1 option

Member Information as it appears on account

Name	Address:

Election for payment of Capital Credits **
(choose only 1 option below)

☐ **Option 1: Named beneficiary***

Name:	☐ Jr. ☐ Sr. ☐ Other _____ ☐ None

Mailing address:			
City:	State:	Zip Code:	SSN:
Date of Birth:	Relationship to Participant:		

*Whenever you experience a life changing event such as marriage, divorce, death of a beneficiary, etc., you should review this and all of your "end-of-life" documents to be certain they reflect your desires. At the time of death, your designation of a beneficiary is binding and any capital credits that are payable at death will be paid to your designated beneficiary if they survive you.

☐ **Option 2: Beneficiary to Piedmont Electric's Foundation**

Helping Hand Foundation: Piedmont Electric's Helping Hand Foundation supports the needs of our community. Thanks to our generous members, the non-profit Helping Hand Foundation provides aid for members in need, Bright Ideas grants for local educators, college scholarships, youth leadership camps and more!

☐ I want to assist the community. I hereby assign all of my rights to any Capital Credit funds that may hereby be payable by the Cooperative. I make this voluntarily because I prefer that such funds be used to benefit the community.

☐ I want to designate the Helping Hand foundation as a beneficiary only and assign my right to any Capital Credit funds that may hereby be payable by the Cooperative at time of death. I make this voluntarily because I prefer that such funds be used to benefit the community.

Beneficiary consent

I agree to have all Capital Credit funds paid to the above beneficiary at time of death.

Signature Required →

_____   _____
Signature   Date

_____
Print legal name

Update beneficiary

It is hereby requested that the name of the beneficiary previously designated be changed to the **information listed above**. I revoke my previous beneficiary _____

_____   _____
Signature   Date

****

This Form Must Be Notarized

Subscribed and sworn to before me, a notary public of the County of _____

State of _____ , this _____ day of _____ , 20 _____

Witness my hand and notarial seal.

My commission expires: _____ , 20 _____   _____
                                                                                                                    Notary Public