

Beneficiary Designation of Capital Credits

Piedmont Electric Membership Corporation Election to pay Capital Credits to a beneficiary	Application date	Member number
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New beneficiary election
Choose 1 option
 Update beneficiary information

Member Information as it appears on account

Election for payment of Capital Credits **

(choose only 1 option below)

Option 1: Named beneficiary*

Name:				<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.	<input type="checkbox"/> Other	_____
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!
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

Member consent

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



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 _____

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