

NOWCC
Enrollee Program

DESIGNATION OF BENEFICIARIES

Enrollee Name: _____
Please Print

The following person is designated by me to receive any money due from the NOWCC in the event of my death.
This is a voluntary act on my part. NOWCC cannot split funds due to your estate between two or more beneficiaries

Designee: _____ Relationship: _____
Please Print

Mailing Address: _____
Please Print

City/State/Zip: _____
Please Print

Day Phone: (_____) _____ Night Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

In the event the first beneficiary is deceased, or the NOWCC is unable to contact him or her by mail or telephone within 60 days, the second beneficiary (*designated below*) will receive any money due me.

Designee: _____ Relationship: _____
Please Print

Street Address: _____
Please Print

City/State/Zip: _____
Please Print

Day Phone: (_____) _____ Night Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

Enrollee Signature: _____ Date: _____