



## Enrollee Programs

### 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: \_\_\_\_\_