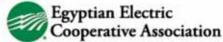
Payable on Death - Designation of Beneficiary

Illinois Uniform TOD Security Registration Act 815 ILCS 10/0.01 et. seq.



Your Touchmone Energy® Cooperative Member Information: (Please print legibly) **Customer Number Account Number** Name Email Name (if shared membership) Email Address City, State, Zip Phone (Joint Member Name, if shared membership) (Member Name) pursuant to the terms of (City, State, Zip) the Illinois Uniform TOD Security Registration Act, designate the following as the beneficiary of my/our capital credit account with Egyptian Electric Cooperative (EECA) to be paid upon my death, or the death of both joint members, to: **Primary Designated Beneficiary:** (If surviving joint member wishes to name additional primary designated beneficiaries, please use the back side of this form) Name Address City, State, Zip Email Phone Date of Birth Relationship % Share Contingent Designated Beneficiary: (For additional contingent designated beneficiaries, please use the back side of this form) Name Address Email City, State, Zip Phone Date of Birth Relationship % Share EECA is authorized to register ownership of my capital credit account with EECA in my name and pay on death to the primary beneficiary named above (and those listed on the back of this form, if any), or to the contingent beneficiary should the primary predecease me. This designation remains in effect until amended or revoked by member, or both joint members (if joint membership), in writing. Member Signature Date

Send completed form to: Egyptian Electric Cooperative, 1732 Finney Road, Murphysboro, IL 62966

Date

Member Signature (if shared membership)