

NTS DEVELOPMENT COMPANY RETIREMENT SAVINGS PLAN

BENEFICIARY DESIGNATION ELECTION

(Page 1 of 2)

Participant's Name: _____

Participant's SS#: _____ - _____ - _____

As a Participant in the above Plan, I hereby designate the following individual(s) as my primary and secondary Beneficiaries. If I have designated a non-Spouse Beneficiary, my Spouse has consented to the designation of a different beneficiary by completing Section B on the next page.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Secondary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). [If any Primary or Secondary Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Secondary Beneficiary shall be increased on a pro rata basis].

If no Primary or Secondary Beneficiary survives me, the death benefit shall be paid according to the terms of the plan. All rights of the participant, the designated beneficiaries, and other persons to benefits under the Plan are governed by the terms of the Plan. The Employer has the right to amend the Plan in any manner that may affect this designation without notice to, or consent of, any participant or beneficiary.

(Please print or type.)

PRIMARY BENEFICIARY(IES)

Name(s) of Beneficiary(ies):	_____	_____	_____
Address:	_____	_____	_____
City, State, ZIP:	_____	_____	_____
Birth Date:	_____	_____	_____
Social Security No.:	_____	_____	_____
Relationship:	_____	_____	_____
Percentage:	_____	_____	_____

SECONDARY BENEFICIARY(IES)

Name(s) of Beneficiary(ies):	_____	_____	_____
Address:	_____	_____	_____
City, State, ZIP:	_____	_____	_____
Birth Date:	_____	_____	_____
Social Security No.:	_____	_____	_____
Relationship:	_____	_____	_____
Percentage:	_____	_____	_____

Participant's Signature

Date

Please return to your Human Resources Department. This form will be maintained by your Plan Administrator.

**NTS DEVELOPMENT COMPANY RETIREMENT SAVINGS PLAN
BENEFICIARY DESIGNATION ELECTION – SPOUSAL CONSENT
(Page 2 of 2)**

Participant's Name: _____

Participant's SS#: _____ - _____ - _____

IF YOU ARE AN UNMARRIED PARTICIPANT, PLEASE COMPLETE SECTION A.

Section A

- [] I hereby certify that I am single, and I have never been married, thus there are no Plan benefits payable to a former spouse under a qualified domestic relations order.
- [] I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.
- [] I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a qualified domestic relations order.

Date

Signature of Participant

IF YOU ARE A MARRIED PARTICIPANT AND WISH TO DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE AS A BENEFICIARY, YOUR SPOUSE MUST COMPLETE SECTION B AND HAVE IT NOTARIZED.

Section B

I hereby approve of, and consent to, the Beneficiary designation adopted by my Spouse as provided on the Beneficiary Designation Election. I understand that I am entitled to receive a Spouse's benefit under the NTS Development Company Retirement Savings Plan unless I consent to a different Beneficiary designation. I also understand that the designation on the Beneficiary Designation Election form has the effect of causing the death benefit under the Plan that would otherwise be payable to me to be paid to the named person. I further understand that my Spouse may not change the Primary Beneficiary designation on the Beneficiary Designation Election hereof without first obtaining my written consent.

Date

Name of Participant's Spouse

Signature of Participant's Spouse

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

County

My Commission Expires _____

Notary Public's Signature

Date

Please return to your Human Resources Department. This form will be maintained by your Plan Administrator.