



NorthWestern Energy Pension Plan Post-Retirement Death Benefit Beneficiary Designation Form

To designate a beneficiary(ies) for your Post-Retirement Death Benefit, please complete and send this form to the address listed at the bottom of the form. If you wish to designate more beneficiaries than this form can accommodate, please use an additional form. Please note the additional form as page 2 or 3 and ensure that the percentages for each class of beneficiaries add up to 100%.

Retiree Name: _____ Employee #: _____

Social Security #: _____ Daytime Phone #: _____

Primary Beneficiaries

1	Name:	Relationship:		%:	
	Street:				
	City:	State:	Zip:	Date of Birth:	

2	Name:	Relationship:		%:	
	Street:				
	City:	State:	Zip:	Date of Birth:	

Secondary Beneficiaries

1	Name:	Relationship:		%:	
	Street:				
	City:	State:	Zip:	Date of Birth:	

2	Name:	Relationship:		%:	
	Street:				
	City:	State:	Zip:	Date of Birth:	

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all of my previous designations (if any) of beneficiaries.

(Retiree Signature)

(Date)

Send **signed** and completed form to: **Benefits Service Center
NorthWestern Energy
11 E Park Street
Butte, MT 59701**

NOTE: Some of the information requested in this form is considered "sensitive Personally Identifiable Information (PII)". Completed forms must be stored in an access-controlled environment. Once the form has been approved for destruction it must be shredded in accordance with NorthWestern Energy's Records Management Policy.