

# EVERSOURCE

## Non-Residential Renewable Energy Solutions Program Tariff Payment Beneficiary Revision Form

Eversource/United Illuminating will make any Non-Residential Renewable Energy Solutions Program (“NRES Program”) payments to the Tariff Payment Beneficiary indicated below as applicable. For the Buy-All Tariff, a Tariff Payment Beneficiary, other than the Customer of Record, can be designated to receive a percentage of the total tariff compensation. Any compensation not assigned to a third party will result in Monetary On-Bill Credits to the Customer of Record. The Netting Tariff Payment Beneficiary, which may be the Customer of Record, can be designated to receive the Renewable Energy Certificate (REC) Incentive Payment on a quarterly basis.

Customers may submit a Tariff Payment Beneficiary Revision Form no more than once per year. A fee of \$22 will be collected for each Tariff Payment Beneficiary Form revision. Form revision fees may be deducted from the Payment Beneficiary’s next incentive payment.

The Revised Tariff Payment Beneficiary, as noted below, must also submit a current W-9 as an attachment to this Form.

<b>Project Number</b>	
<b>Project Name</b>	
<b>Compensation Structure (as selected at the time of bid submission)<sup>1</sup>:</b>	<input type="checkbox"/> Buy-All <input type="checkbox"/> Netting Tariff
<b>Purchase Price for Energy (or Energy and RECs if Buy-All)</b>	\$ _____ per MWh
<b>Purchase Price for RECs (IF APPLICABLE)</b>	\$ _____ per MWh
<b>SAM Designation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXISTING TARIFF PAYMENT BENEFICIARY INFORMATION	
<i>Party Name</i>	
Buy-All Percentage Allocation (IF APPLICABLE)	_____ % Monetary On-Bill Credits _____ % Quarterly Payments

REVISED TARIFF PAYMENT BENEFICIARY INFORMATION	
<i>Party Name</i>	
<i>Address</i>	
<i>Business Website</i>	
<i>Tax ID Numbers</i>	<input type="checkbox"/> US Federal _____

<sup>1</sup> The Compensation Structure category cannot be changed throughout the tariff term and remains the same as selected at the time of Bid submission.

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<i>Jurisdiction of Organization</i>	
<i>Company Type</i>	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other

Revised Tariff Payment Beneficiary Accounting Information	
Buy-All Percentage Allocation (IF APPLICABLE)	_____ % Monetary On-Bill Credits _____ % Quarterly Payments
<i>General</i>	ADDRESS: ATTN: TEL#: EMAIL:
<i>Wire Transfer Numbers</i> (IF APPLICABLE)	BANK: BANK ADDRESS: ABA: ACCT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS:
<i>Checks</i> (IF APPLICABLE)	ATTN: ADDRESS:
<i>ACH Numbers</i> (IF APPLICABLE)	BANK: BANK ADDRESS: ABA: ACCT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS OTHER DETAILS:
Payment Method	<input type="checkbox"/> ACH <input type="checkbox"/> Check

_____	_____	_____
Name of Customer of Record	Name of Existing Tariff Payment Beneficiary	Name of Revised Tariff Payment Beneficiary
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Printed Name	Printed Name	Printed Name
_____	_____	_____
Date	Date	Date

<b>INTERNAL USE ONLY:</b> Effective date: _____	Approved by: _____
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