

FirstEnergy Corp Savings Plan

Savings Plan BENEFICIARY FORM

SEND COMPLETED FORM TO: FirstEnergy Corp. Attn: H.R. Service Center · 2800 Pottsville Pike PO Box 16001 · Reading, PA 19612-6001

Please Print

Married

Unmarried

Social Security Number Last Name First Name MI

Mailing Address

City State Zip Code Daytime Telephone

DESIGNATION OF BENEFICIARY

Designate the beneficiary(ies) who will receive your FirstEnergy Corp. Savings Plan account if you die. If you are married, your spouse is automatically your beneficiary. If you are married and want to name someone other than your spouse as sole primary beneficiary, your spouse must give his or her notarized consent to this designation. If you are not married at the time of enrollment, but marry while participating in the FirstEnergy Corp. Savings Plan, your spouse automatically becomes your beneficiary. Failure to obtain spousal consent, if required renders this designation invalid.

In accordance with the provisions of the Plan, you hereby revoke any previous designation of beneficiary(ies) for the Plan and designate the following as beneficiary(ies) of any and all amounts payable under the Plan by reason of your death.

Primary Beneficiary(ies)

First Name MI Last Name Social Security Number Relationship Percentage

First Name MI Last Name Social Security Number Relationship Percentage

First Name MI Last Name Social Security Number Relationship Percentage

Secondary Beneficiary(ies)

First Name MI Last Name Social Security Number Relationship Percentage

First Name MI Last Name Social Security Number Relationship Percentage

First Name MI Last Name Social Security Number Relationship Percentage

Check this box if you have additional beneficiaries and attach a separate page with the percentage you would like these additional beneficiaries to receive. Clearly distinguish between primary and secondary beneficiaries. You must sign the separate page and obtain your spouse's notarized consent if you are married and your spouse is not your sole primary beneficiary.

X
Participant's Signature _____ Date _____

Spouse's Consent: I, the spouse of the participant named above, do hereby approve and consent to the foregoing designation of beneficiary. Further, I acknowledge that I understand (1) that the effect of this consent is that the beneficiary(ies) named above will receive any death benefits payable from the FirstEnergy Corp. Savings Plan and I have waived my rights to benefits in the event of my spouse's death; (2) that this beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse changes this designation.

X
Spouse's Signature _____ Date _____

State of: _____ County of: _____

I, a Notary Public in and for said County and State, acknowledge that _____, known to me (or satisfactorily proven) to be the person whose name is subscribed above, appeared before me on this _____ day of the month of _____ in the year _____, and signed the above form in my presence.

X
Notary Signature _____ Notary Stamp or Seal _____

RETAIN A COPY FOR YOUR RECORDS