



Direct Payment Beneficiary Form

for Energy Storage Solutions Performance Incentives

By default, eligible seasonal Active Dispatch Performance Incentives earned by Battery Energy Storage Systems (BESS) participating in Energy Storage Solutions are paid to the utility account holder associated with the BESS. Alternatively, customers may direct Performance Incentives to another party as stated below.

This form is optional and should **only** be completed by Energy Storage Solutions customers who wish to designate a portion or all of their Energy Storage Solutions Active Dispatch Performance Incentives to another party.

Eversource or United Illuminating will direct the seasonal Active Dispatch Performance Incentives earned by your Battery Energy Storage System (BESS) based on the information entered below.

*All Fields are Required

HOST CUSTOMER	
Host Customer First Name	
Host Customer Last Name	
Host Customer Address Line 1	
Host Customer Address Line 2	
Host Customer City / State / Zip	
Host Customer Utility	<input type="checkbox"/> Eversource <input type="checkbox"/> UI
Host Customer Utility Account Holder Name	
Host Customer Utility Account Number	

PAYMENT BENEFICIARY	
Payment Beneficiary Type (Select One)	<input type="checkbox"/> Third-Party System Owner <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other: _____
Payment Beneficiary Company Name	
Payment Beneficiary Address	
Payment Beneficiary City/State/Zip	
Payment Beneficiary Phone	
Payment Beneficiary Email	
Has a W-9 Form for this Payment Beneficiary been provided previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By completing and signing this form, Host Customer consents that:

HOST CUSTOMER WILL RECEIVE ____% OF SEASONAL PERFORMANCE INCENTIVE PAYMENTS
PAYMENT BENEFICIARY WILL RECEIVE ____% OF SEASONAL PERFORMANCE INCENTIVE PAYMENTS

PAYMENTS WILL BE MADE (CHECK ONE): ____ ONCE ANNUALLY ____ TWICE ANNUALLY
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Host Customer Signature _____

Host Customer Full Name _____

Date _____

Payment Beneficiary Representative signature is not required unless box below is checked.

Check this box **only** if Host Customer is changing Seasonal Performance Incentive Payment percentages from a previous submission. Payment Beneficiary Representative signature is required **only** if this form is being resubmitted to modify a previously submitted version.

Payment Beneficiary Representative Signature _____

Payment Beneficiary Representative Full Name _____

Date _____