MATCHING EDUCATIONAL GIFT PROGRAM APPLICATION

NOTE: Entergy will match, dollar for dollar, contributions by Eligible Participants (i.e., full-time employees, Entergy retirees, members of the Entergy Board of Directors, or members of any of Entergy's Advisory Boards) to Eligible Educational Institutions (i.e., accredited universities, colleges, or high schools located in the United States – as well as alumni funds or foundations whose mission it is to raise funds for such institutions), according to the requirements and restrictions set forth in Entergy's Corporate Contributions Policy. Eligible Participant's gift and Entergy's matching gift shall be used solely for educational purposes. **The total amount Entergy will match per Eligible Participant is \$3,000 per year.**

Part I: To be completed by employee/retiree/board member and mailed with the gift to the eligible institution.

Name	Email or Mail Unit		Daytime Phone		
Home Address					
Home Address Street and Number or P.	O. Box	City		State	Zip Code
Please check appropriate employment statu	is:	☐ Retiree	☐ Board Member	☐ Advisory	Board Member
Please check appropriate business unit:					
 Entergy Arkansas, Inc. Entergy Operations, Inc. Entergy Thermal, LLC Entergy Nuclear Operations, Inc. Other/New Legal Entity (If "other" page 12. 	☐ Ente ☐ Ente ☐ Ente	☐ Entergy Gulf States (LA) ☐ Entergy Operations Services, Inc. ☐ Entergy Louisiana, LLC ☐ Entergy New Orleans, Inc. ☐ Entergy New Orleans, Inc. ☐ Entergy Mississippi, Inc.			
Name of eligible institution					
Check or money order \$	Securities with mar	ket value of \$	(closin	g market price	on date of the gift
Net value of this gift \$	(total contribution les	ss value of any go	oods or services receive	d in exchange)	
If securities: # of shares \$ val	ue per share				
Description					
Date of gift					
check(s), money order(s) or securities to: 61000, New Orleans, LA 70161. Entergy Part II: To be completed	will not process the	match without t	he above mentioned d	ocumentation.	
Name of institution			Federal Tax ID#		
Mailing address					
Mailing addressStreet and num	ber or P.O. Box	City	State	Zip Code	
Educational institution accredited by					
Please check appropriate statement: ☐ No goods or services have been exch ☐ Goods or services with a value of \$	anged for the donor's	contribution. been exchanged f	or the donor's contribution	tion.	
I certify that the above named institution is that the above mentioned donor's contribut the Matching Educational Gift Program ha institution to be used solely for educational any type of extracurricular camp or activity	tion was received on ve been satisfied, Ent purposes. The funds	ergy Corporation	(date). I unders	tand that when to g contribution to	the provisions of o the above
Name of certifying official		Tit	tle		
Phone number ()	Fax number ()		Email		
Signature of certifying official			Date ce	ertified	