Computershare

Computershare
P.O. Box 43078
Providence, RI 02940-3078

C0001239732 ETRD1 EDIS

Transfer Request

No# of Accounts: 1

Current Account Information

Company Name	CONSOLIDATED EDISON, INC. (CON ED)	Holding	COMMON STOCK		
Holder Name	ANGELA KERCELIUS + ANGELA NONCARROW JT TEN	Account Number	C0001239732		
Address	PO BOX 583 PECONIC NY 11958	Reason For Transfer	DeceasedHolder	Type of Transfer	AllAssets

Shares to Transfer - Reflects whole shares only

Book	663	
Plan	0	
Certificate(s)	0	**Note:** If applicable, you must send in original certificate(s) with enough shares to satisfy the transfer amount. See the Transfer Guide for more info.
Total	663	

Current Account Holder Signature(s)

> REQUIRED MEDALLION GUARANTEE STAMP
(Notary Seal is Not Acceptable)
Affix the medallion stamp below. If your total account value is under $10,000, and you live in the United States, you may be eligible to purchase our non-refundable Waived Medallion Option. Enclose a check payable to Computershare, Inc. for $50 and use this box to record the check number you will be enclosing in payment of the Medallion Waiver option, along with a copy of a government issued photo ID if electing the option not to provide a Medallion Signature Guarantee stamp.

The undersigned does (do) hereby irrevocably constitute and appoint Computershare as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises.

The signature(s) below on this Transfer Request form must correspond exactly with the name(s) as shown upon the face of the stock certificate or a Computershare-issued statement for book-entry shares, without alteration or enlargement or any change whatsoever. The below must be signed by all current registered holders, or a legally authorized representative with indication of his or her capacity next to the signature.

Note: Signature(s) must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings bank, savings and loan, US stockbroker and security dealer, or credit union that is participating in an approved Medallion Signature Guarantee program.
(A NOTARY SEAL IS NOT ACCEPTABLE)

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
DIME COMMUNITY BANK
AUTHORIZED SIGNATURE
(5X) X9015249
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM™

VERIFIED
STAMP 2000PLUS

SIGNATURE OF ALL CURRENT HOLDERS OR LEGAL REPRESENTATIVES	DATE (mm/dd/yyyy)
X Angela Noncarrow	6/25/2025
X	
X	

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New Holder/Recipient Information

ACCOUNT 1					
Account Type	Individual	Shares to Transfer	663		
	Holder	SSN/EIN	051-62-9026		
First Name	ANGELA	Middle Initial	M		
Last Name	NONCARROW				
Street Address	PO BOX 583				
City	PECONIC	State	NY	Zip	11958

Form W-9 (For use in certifying the Taxpayer Identification Number provided above)

***Form W-9: This section must be signed by the NEW HOLDER/RECIPIENT, as shown above, whose SSN/EIN is entered above.**
Certification: Under penalty of perjury, I certify that (1) the number shown on this form is my correct Taxpayer identification number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person, and (4) I am exempt from FATCA reporting.

Certification Instructions: You must cross out item (2) in the above paragraph if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Important Cost Basis and Share Lot Information: All transfers submitted online or via the Transfer Wizard forms will be processed as GIFT transfers. For transfers submitted in the mail, all transfers will be treated as Gifts, unless decedent transfer is selected as the reason for transfer in which case the transfer will be treated as an inheritance. We recommend you consult with your tax adviser regarding the tax implications

Signature of Holder	DATE (mm/dd/yyyy)
X Angela Noncarrow	6/25/2025

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apply. Certificate requests that accompany this transfer request will not be fulfilled if the book entry option exists.

Once an account is created and shares are transferred, the new holder can visit www.computershare.com/investor to manage their account. For example, the new holder will be able to certify their taxpayer identification number, change the mailing address and view account information.

AFFIDAVIT OF RESIDENCE

To be completed for decedent transfers only.

Account Name: ANGELA KERCELIUS & ANGELA NONCARROW Account Number: C0001239732

Name of Stock: CON EDISON

Deceased Holder's Taxpayer Identification or Social Security Number 095-22-3251

The undersigned, ANGELA NONCARROW

residing at PO BOX 583, PECONIC, NY 11958

being duly sworn, deposes and says that he/she is SURVIVOR IN JOINT TENANCY

Describe your status, i.e. Executor, Administrator, Survivor in Joint Tenancy, etc.

(if a corporate fiduciary show title of affiant and name of corporation)

of (the estate of) ANGELA KERCELIUS

who died on MAY 9, 2025

that at the time of death the domicile (legal residence) of said decedent was at

2078 CALEDONIA PLACE, MELBOURNE, FL 32940

and that (s)he resided in the State of FLORIDA

for 25 years prior to death and was not a resident of any (other) state whithin the United States of America at time of death.

Signature: Angela Noncarrow

Sworn to before me, a notary public, this AFFIX SEAL

25 day of June 20 25

Signature: [illegible]

(official administering oath)

Title: Notary Public

My commission expires 1/6/2027

WENDY A. STAPON
Notary Public, State of New York
No. 01ST5070979
Qualified in Suffolk County
Commission Expires Jan. 6, 2027

C0TH4A

EQSAFF 12-04-07

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Signature of Holder	DATE (mm/dd/yyyy)
X Angela Noncarrow	6/25/2025