

CWA Savings & Retirement Trust

Beneficiary Designation Form

Plan ID: 990500050

1. Participant Information

Participant Name _____ Social Security Number _____

Birth Date _____ Employer _____ Phone Number _____

2. Marital Information (select one)

- I am not married
- I am married
- I am married and my spouse's consent to the Beneficiary Designation is not required because: *(check all that apply)*
- My spouse cannot be located.
- My spouse and I are legally separated and a copy of the court order to that effect is attached *(A qualified domestic relations order may still require you to obtain your spouse's consent).*
- My spouse has abandoned me and a copy of the court order to that effect is attached *(A qualified domestic relations order may still require you to obtain your spouse's consent).*

3. Beneficiary Designation

PRIMARY BENEFICIARY (If you are married, your primary beneficiary is your spouse unless your spouse consents to the designation of a non-spouse beneficiary).

SSN: _____ Birth Date _____ Relationship to Participant _____ Percentage _____ %

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

SECONDARY BENEFICIARY (If your primary beneficiary(ies) die(s) before you).

SSN: _____ Birth Date _____ Relationship to Participant _____ Percentage _____ %

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

- If you wish to name additional primary or secondary beneficiaries, please list additional information on separate sheet, check this box and attach to this form.

4. Employee Authorization and Signature:

I hereby designate the beneficiary(ies) of my death benefit, which may include individuals other than my spouse (if I am married) only if my spouse formally consents to such designation, using the forms approved by the Plan Administrator. I acknowledge that such designation of non spouse beneficiary(ies) means that my death benefit, which otherwise would have been paid to my spouse, may instead be paid to other beneficiaries. I hereby represent and certify that the above information furnished by me is true and correct. If I am not married, I may designate beneficiaries without the need for consent, but acknowledge that if my marital status changes, I will need to complete a new Beneficiary Designation Form and obtain my spouse's consent if I wish to designate non spouse beneficiaries. I agree to notify the Plan Administrator immediately in the event that my marital status changes. I hereby revoke any prior beneficiary designations I may have made.

Participant Signature _____

Date _____

Notary Seal of Approval Required:

On this _____ day of _____ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the Participant identified above.

Witness Signature _____ (Notary Public)

Commission Expires _____ Seal _____

5. Spousal Consent (if married and electing a non-spouse beneficiary)

I hereby consent to the foregoing designation of beneficiary(ies) made by the Participant, my spouse, and acknowledge that death benefits that would have been payable to me if I survived the Participant (absent the Participant's designation and my consent), may instead be paid to others, and that I may receive nothing after my spouse dies. I acknowledge my consent is irrevocable and that I have the right to consent only to the designation of specific beneficiaries, and hereby exercise this right by consenting only to the designation of those beneficiaries named by the Participant in the Beneficiary Election section. Any subsequent designation of beneficiary(ies) by the Participant will therefore be invalid unless I consent to it. I understand that I do not have to sign this consent; I am signing it voluntarily.

Signature of Spouse

Date

Witness of Spousal Consent – Spousal Consent must be witnessed by a NOTARY PUBLIC or an AUTHORIZED PLAN REPRESENTATIVE

Witness by a Notary Public

OR Witness by Authorized Plan Representative

Subscribed and sworn before me this _____ day of _____

Authorized Plan Representative

Notary Public _____

State of _____

Date

My commission expires _____

Return to following address
CWA Savings and Retirement Trust
Attention: CWA Trust Office
501 Third Street NW
Washington, DC 20001

You may also Email Form to cwast@cwa-union.org or fax to 1-202-783-2748

6. CWA SRT Trust Office Approval, Authorization & Certification

As Plan Administrator, I hereby accept this designation of beneficiary(ies) by the participant as being consistent with those terms including the requirement to obtain the consent of the spouse and to the designation of Beneficiary(ies), if the participant is married.

CWA SRT Trust Office Signature

Date

Print Name

Important Beneficiary Designation Information

Beneficiary Designation

If you are married, then your spouse is automatically your primary beneficiary unless you elect to designate non-spouse beneficiary(ies) with spousal consent. If you are electing a non-spouse primary beneficiary and you are married, your spouse must complete the Spousal Consent Section.

Multiple Beneficiaries

If you name more than one primary beneficiary, your secondary beneficiary(ies) will be entitled to benefits only if each of your primary beneficiaries dies before you. If no percentage is specified, then the distribution will be made in equal amounts to each surviving primary beneficiary, or if none, to each surviving secondary beneficiary(ies).

MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.