



**CWA Savings & Retirement Trust**

Contribution Change Form

Plan Id: 990500050

For questions regarding the Plan operations and administration including contributions and other benefits issues, please contact the Benefits Managers at the CWA Trust Office at 1-202-434-1389 or by email at [cwasrt@cwa-union.org](mailto:cwasrt@cwa-union.org).

**1. PARTICIPANT INFORMATION (please print)**

Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**2. CONTRIBUTION ELECTION CHANGE**

- I elect to change my **before-tax** contribution to \_\_\_\_\_% per pay. (Not to exceed 50% of your wages or the 2019 IRS contribution limit of \$19,000).  
**Note:** Before-tax contributions are determined by your CBA/Joinder Agreement.
- I elect to change my **after-tax** contribution to \_\_\_\_\_% (Not to exceed 10%)  
**Note:** After-tax contributions are determined by your CBA/Joinder Agreement.
- I elected to **stop/suspend** my contributions at this time.

**3. PARTICIPANT CERTIFICATION AND AUTHORIZATION (REQUIRED)**

I hereby authorize my Employer to make the necessary payroll deductions from my compensation as indicated on this form.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, sign, and return this form to:  
CWA Savings & Retirement Trust  
Attn. Trust Office  
501 Third St. NW  
Washington, DC 20001

For faster service you can email form to [cwasrt@cwa-union.org](mailto:cwasrt@cwa-union.org) or fax to 1-202-783-2748  
For questions please contact the CWA Benefits Managers at 202-434-1389

MassMutual Participant Service Center 1-800-854-0647  
To access your account online please visit [www.cwasrt.com](http://www.cwasrt.com) and select Login.

**4. CWA SRT TRUST OFFICE AUTHORIZATION**

CWA SRT Benefits Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_