CWA/ITU Negotiated Pension Plan
831 S. Nevada Ave. Ste. 120
Colorado Springs, Colorado 80903
Phone 1-877-429-2488

DESIGNATION OF BENEFICIARY BY UNMARRIED PENSIONER (LIFE/10)

(Print) Name of Pensioner	Social Security Number	Phone Number

I am **not married** and hereby authorize the Plan to pay, upon my death, any remaining guaranteed monthly payments to the following named beneficiary(ies). If more than one beneficiary is named, any remaining benefits shall be divided into equal amounts, unless other proportions are specified below. The Board of Trustees shall have the sole discretion to direct that the remaining guaranteed benefit be paid in a lump sum to the beneficiaries, which shall be the actuarial equivalent of the remaining payments. If any beneficiary shall predecease me or die in such circumstances that proof of survivorship is uncertain, that share shall be divided among the remaining beneficiaries named, in the proportions designated by me. If all beneficiaries predecease me, any remaining benefits shall be paid as provided in the Plan.

Contingent beneficiaries may be designated to receive benefits if the primary beneficiary predeceases the pensioner by allocating a 100% share for the primary beneficiary(ies) and marking additional designations as "contingent". However, if the primary beneficiary starts receiving benefits and then dies, any remaining benefits will be paid to the primary beneficiary's estate, rather than to any contingent beneficiaries.

NAME AND ADDRESS OF BENEFICIARY ---		**Relationship**	**Percent To Be Paid**
Name Address City State Zip Phone Number	Date of Birth Social Security Number		
Name Address City State Zip Phone Number	Date of Birth Social Security Number		
Name Address City State Zip Phone Number	Date of Birth Social Security Number		
Name Address City State Zip Phone Number	Date of Birth Social Security Number		

(Additional beneficiaries may be designated on a separate sheet, which must be dated, signed and attached to this form.)

This designation shall stand unless modified by me in the manner provided by the Plan, and shall supersede any and all designations previously made, which are hereby revoked.

Signature of Pensioner	Date