

CWA/ITU NEGOTIATED PENSION PLAN

DESIGNATION OF BENEFICIARY FOR PRERETIREMENT DEATH BENEFITS

Name of Participant:

Mr. Ms. _____ Soc Sec No. _____

Address _____
No. & Street Apt. City State Zip

Date of Birth _____ Phone No. _____ Employer _____
(Area Code)

MARRIED: Spouse's Name _____ Date of Birth _____ SSN _____

NOTICE TO MARRIED PARTICIPANTS: If a married, vested Participant dies before receiving a pension, the legal spouse is eligible for a 50% SPOUSE survivor pension commencing when the Participant would have been otherwise eligible to start receiving a pension. You may name a beneficiary(ies) below; however, keep in mind those named would be considered contingent beneficiaries and would be eligible for a Death Benefit only if you are no longer married on the date of your death, either through divorce or the death of your spouse.

NOT MARRIED (Your designation of beneficiary below will no longer be effective if you marry.)

DESIGNATION OF BENEFICIARY(IES): If you are vested and die before receiving a pension, your beneficiary(ies) will be eligible to receive a monthly benefit, to be determined based on your total contributions and commencing on the date you would have been eligible to start receiving a pension. If more than one beneficiary is named, the death benefit will be paid in equal shares unless you specify the percentage paid to each. If any named beneficiary is no longer living at the time of your death, that share will be divided among the remaining named beneficiaries. You may designate contingent beneficiaries in case your primary beneficiary(ies) does not survive to receive the death benefit; these designations should be marked as "contingent". If all named beneficiaries predecease you, the death benefit will be paid as provided in the Plan. Additional beneficiaries may be designated on a separate signed and dated sheet.

(Type or Print in Ink)

NAME AND ADDRESS OF NON-SPOUSE BENEFICIARY ---	Relationship	Share To Be Paid (Percent)
Name _____		
Street Address _____		
City _____ State _____ Zip _____		
Phone Number _____		
Name _____		
Street Address _____		
City _____ State _____ Zip _____		
Phone Number _____		
Name _____		
Street Address _____		
City _____ State _____ Zip _____		
Phone Number _____		
Name _____		
Street Address _____		
City _____ State _____ Zip _____		
Phone Number _____		

This designation shall supersede any designations previously made. Once my pension payments begin, any death benefit will be determined by my pension election rather than this form.

Signature of Participant _____
Date

Signature of Witness _____
Address of Witness _____
City _____
State _____
Zip
(other than named beneficiary)

Send completed form to: CWA/ITU Negotiated Pension Plan
1323 Aeroplaza Dr.
Colorado Springs, CO 80916

For questions, contact the Plan Office at 1-719-473-3862 or email membersvc@cwaitu.com.