

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 _____ Soc Sec No. _____

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. In order for someone other than the surviving spouse to receive a preretirement death benefit, federal regulations require that the Participant and spouse jointly reject the survivor pension in writing. This rejection (see Page 2) must be **notarized**, and the spouse must consent to the beneficiary designation below. This rejection can be revoked in writing at any time by contacting the Plan Office.

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

DESIGNATION OF NON-SPOUSE BENEFICIARY(IES)

If you are vested and die before receiving a pension, your beneficiary(ies) will be eligible for a lump sum Death Benefit provided that 1) you are not married at the time of your death, or 2) your spouse rejects the survivor pension on Page 2 of this form, or 3) your spouse does not survive to the date when 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, that share will be divided among the remaining named beneficiaries. You may designate beneficiaries in case your spouse or beneficiary 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. The lump sum amount is equal to total contributions received on your behalf and is payable when the Participant would have been otherwise eligible to start receiving a pension. However, the Board of Trustees may direct that the present value (actuarial equivalent) of a delayed Death Benefit be paid currently.

(Type or Print in Ink)

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

SIGNATURE REQUIRED ON PAGE 2

The designation made on Page 1 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. I concur with my spouse in the Preretirement 50% SPOUSE Survivor Pension Rejection, if executed below.

Signature of Participant Date

Preretirement 50% SPOUSE Survivor Pension Rejection

We have read the Notice to Married Participants explaining Preretirement 50% SPOUSE benefit and hereby reject the survivor pension provided for the spouse in the event the Participant dies before receiving a pension under the Plan. Instead, a lump sum shall be paid to the non-spouse beneficiary(ies) designated on page 1, to which designation the spouse also consents.

Signature of Spouse Date

Notary seal or stamp must be affixed below if spouse is rejecting the 50% Spouse survivor pension. Notary is not necessary if participant is unmarried or if only contingent non-spouse beneficiaries are designated.

COUNTY OF _____
STATE OF _____ } SS

On this _____ day of _____, _____ before me personally came Mr. _____ and Mrs. _____, known to me to be the individuals described in and who executed the foregoing instrument and acknowledged to me that they executed same.

Notary Public (seal or stamp)

Send completed form to: CWA/ITU Negotiated Pension Plan
831 S. Nevada Ave., Ste. 120
Colorado Springs, CO 80903

For questions, contact the Plan Office at 1-877-429-2488 or cwaitu@aol.com.

NOTE: Under federal regulations, if the Participant is younger than age 35 when the rejection is filed, the rejection is automatically revoked when the Participant reaches age 35 and a new form must be filed to make the rejection valid.