

# Communication Workers of America AFL-CIO 1170 Retirement Plan

## DESIGNATION OF BENEFICIARY / CONTINGENT BENEFICIARY FORM

Name (Last, First, MI)

Social Security Number

### Beneficiary

I understand that the distribution of any amount payable from the Communication Workers of America AFL-CIO 1170 Retirement Plan, in the event of my death, will be made in a lump sum to the beneficiary(ies) designated below. I further understand that if I am married, my spouse shall be the designated beneficiary, unless I elect otherwise and my spouse consents in writing to such election.

Name	Social Security Number	Relationship
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### Contingent Beneficiary

In the event that there is no beneficiary living at my death, I hereby designate as contingent beneficiary:

Name	Social Security Number	Relationship
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When more than one (1) contingent beneficiary is designated, payment will be made in equal shares to each surviving contingent beneficiary, or all to the last survivor.

Signature of  
Participant:

Date: \_\_\_\_\_

Signature of  
Spouse:

Date: \_\_\_\_\_

(If participant is married and spouse is not designated)

Signature of  
Notary Public:

Date: \_\_\_\_\_

(If your spouse is not listed as your beneficiary, please have notary public witness spousal signature above and sign where indicated)

The right to change any of the above designations is reserved solely to the Participant. If the Participant is married and his or her spouse is not designated as the sole beneficiary, the spouse must consent to the Participant's beneficiary designation by signing this form.