

# DESIGNATION OF BENEFICIARY FORM



BURKE GROUP

► This form is to be maintained by the Employer, not by Burke Group.

## PLAN PARTICIPANT INFORMATION

**Employer/Plan Name:** CWA, AFL-CIO Local 1170 Retirement Plan

**Participant Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Marital Status:**  Married  Single

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Federal law requires a married participant to name his or her spouse as primary beneficiary, unless the spouse consents in writing to another designation or additional beneficiaries, and a Notary Public witnesses this consent.

## BENEFICIARY DESIGNATION INFORMATION

### Primary Beneficiary(ies)

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

### Secondary Beneficiary(ies)

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **% Share of Proceeds:** \_\_\_\_\_ %  
**Address, City, State, ZIP:** \_\_\_\_\_

### Other Instructions

**DESIGNATION OF BENEFICIARY FORM**



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**I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND SECONDARY BENEFICIARIES.**

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the secondary beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary in each group equally to the living beneficiaries in the group.

**PARTICIPANT'S SIGNATURE**

Participant's Name (Please Sign)

Date

**▶ NOTE: IF YOU ARE MARRIED**, your spouse is automatically your primary beneficiary, unless you designate another beneficiary and your spouse consents by signing below. If your plan provides that the death benefit be paid in the form of a joint and survivor annuity or a pre-retirement survivor annuity to your surviving spouse, then the designation of a primary beneficiary other than your spouse will be a waiver of this automatic annuity as well.

**SPOUSAL CONSENT**

This section must be completed by your spouse if you are married and name a primary beneficiary other than, or in addition to, your spouse.

I hereby consent to the designation of the beneficiary(ies) listed on the previous page, and acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or a portion of it, to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Participant's Spouse (please sign)

Date

**NOTARY PUBLIC**

State Of: \_\_\_\_\_ County Of: \_\_\_\_\_ ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me \_\_\_\_\_,  
the spouse of \_\_\_\_\_.

**Said Spouse:**

- Is to me known and known to me to be the person described herein **OR**
- Was proved to me (on the basis of satisfactory evidence described herein) to be the person who executed the foregoing instrument and who acknowledged that he (or she) executed the same of his (or her) own free will.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Notary Public

My commission expires: \_\_\_\_\_