



# Communication Workers Savings And Retirement Trust Beneficiary Designation Form

## 1 Participant Information

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name *(please print)* \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Check one:  I am not married

I am married and my spouse's written consent is below. (Your spouse must complete Section 3 of this form)

I am legally separated and a copy of the court order to that effect is attached.

## 2 Beneficiary Designation and Participant Signature

**Note:** If you are married, your primary beneficiary under the Plan is automatically your spouse unless your spouse consents to your designation of a non-spouse beneficiary. If Spousal Consent is required, it must be witnessed by a Notary Public or by the CWA Trust Office.

### Primary Beneficiary(ies)

Beneficiary Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name *(Please Print)* \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Percentage \_\_\_\_\_%

Beneficiary Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name *(Please Print)* \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Percentage \_\_\_\_\_%

### Secondary Beneficiary(ies)

*(If your primary beneficiary(ies) dies before you.)*

Beneficiary Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name *(Please Print)* \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Percentage \_\_\_\_\_%

Beneficiary Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name *(Please Print)* \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Percentage \_\_\_\_\_%

If you wish to name additional primary or secondary beneficiary(ies), please list information on a separate sheet and attach to this form. If you name more than one primary beneficiary, your secondary beneficiary(ies) will be entitled to a benefit only if each of your primary beneficiaries dies before you. If no percentage is specified, the distribution will be made in equal amounts to each surviving primary beneficiary, or if none, to each surviving secondary beneficiary.

**Please complete, sign, date, and return this form to:**

**CWA SAVINGS & RETIREMENT TRUST**

Attention: Trust Office  
501 Third Street NW  
Washington, DC 20001

Or fax to 1-202-783-2748

I hereby represent and certify that the above information furnished by me is true and correct. I agree to notify the CWA Trust Office immediately in the event my marital status changes. I hereby revoke any prior beneficiary designations I may have made.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**3 Spousal Consent and Signature** (Required only if spouse is not the sole primary beneficiary)

I have reviewed my spouse's designation of beneficiary(ies) above and understand that I have not been designated as sole primary beneficiary.

Please check all that applies:

- Consent to Named Beneficiary Only.** I hereby waive my rights to the benefits to which I am entitled upon the death of the participant, and consent to the specific designation of the beneficiary(ies) identified above in Section 2. This consent is limited to the specific person designated, and I do not consent to any future change in the beneficiary designation by the participant to a different person(s) than that named above.
  
- Consent to Named Beneficiary and Future Change in Beneficiary.** I hereby waive my rights to the benefits to which I am entitled upon the death of the participant, and consent to the designation of the beneficiary(ies) identified above in Section 2 and to any future change in beneficiary designation by the participant to a different person(s) than that named above. I understand that I have the right to limit my consent to the specific beneficiary(ies) named above, and freely waive that right, so that the participant may change the person(s) designated as beneficiary(ies) without my further consent.

***I fully understand that by executing this consent I am allowing the beneficiary(ies) identified above to be paid benefits that would otherwise be paid to me as the participant's spouse upon the participant's death.***

Name of Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the spouse of the Participant identified above.

Witness Signature \_\_\_\_\_ (Notary Public or CWA Trust Office)

Commission Expires \_\_\_\_\_ Seal \_\_\_\_\_