

Plan Number:

990500050

CWA Savings and Retirement Trust

CONTRIBUTION CHANGE FORM

1 Participant Information

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

Name (Please Print) _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number _____ E-mail Address _____

Employer _____

CONTRIBUTION ELECTION CHANGE

PLEASE CHECK ONE OF THE FOLLOWING:

I elect to change my **before-tax** contribution to _____ % of my pay. (Enter a whole percentage 1% to 50%)

I elect to change my **after-tax** contribution to _____ % of my pay. (Enter a whole percentage 1% to 10%). Note: After-tax contributions are determined by your CBA/Joinder Agreement. Please contact your Employer to determine if you are eligible to make after-tax contributions.

I elect to **suspend** my contributions at this time.

PARTICIPANT AUTHORIZATION AND SIGNATURE

Please sign, date and return this Form to:

**CWA Savings and Retirement Trust
Attention: Trust Office
501 Third Street NW
Washington, DC 20001**

Or fax to 1-202-783-2748

I hereby authorize my Employer to make the necessary payroll deductions from my compensation as indicated on this form.

Participant Signature _____ Date _____

Please contact the CWA Trust Office at (800) 987-0721 to answer any questions you may have on completing this form.

2 CWA SRT Trust Office Signature

CWA SRT Signature _____ Date _____