CWA Savings & Retirement Trust

Rollover Contribution

Plan Number: 990500050

1 Participant Information

Social Security Number ____ Date of Birth ___________

Name *(please print)* ____ Date of Hire ___________

Street Address ____

City_________________________________ State_________ Zip Code________

Daytime Phone Number __________________ Employer________________________

INFORMATION ON ROLLOVERS *(Please read carefully before completing.)*

The amount you roll over must represent an eligible rollover distribution from a qualified retirement plan or conduit IRA. If this request represents a direct rollover from a qualified retirement plan, your check should be made payable to "CWA SRT fbo *[Participant Name].*" If this request represents a non-direct rollover contribution (you have received this money from a prior qualified plan or from a conduit IRA), you must have received this rollover distribution no more than 60 days before the date your rollover contribution is received by the Plan. Your check should be made payable to "CWA SRT fbo *[Participant Name]*" and include your Social Security Number on the check. Any tax consequences related to this rollover are your responsibility and you agree that COMMUNICATION WORKERS SAVINGS AND RETIREMENT TRUST and its affiliates will not be held responsible for these tax consequences.

ROLLOVER CONTRIBUTION AMOUNT

I elect to roll $ ___________ into the CWA SRT from my prior qualified retirement plan. Attached with this form is a check for this amount.

INVESTMENT ELECTIONS: PLEASE CHOOSE A OR B OR C

A. ☐ **CURRENT INVESTMENT ALLOCATION** *(for Active Participants who are currently contributing)*
I am an Active Participant in the CWA Savings & Retirement Trust and elect to allocate my Rollover Contribution to my current investment elections

B. ☐ **SELECT YOUR OWN INVESTMENT OPTIONS**
The funds in your plan are grouped by asset class. To create your own asset allocation strategy, enter your investment election percentages at right, using whole numbers only (multiples of 1%).

Make sure you percentages total 100%

Asset Class	Investment Election	Allocation Percent
Cash	Fixed Fund Institutional	%
	MFS Money Market	%
Bonds	PIMCO Total Return	%
	Templeton Global Bond	%
	MFS Inflation Adjusted Bond	%
Balanced	Janus Balanced Fund	%
U.S. Stocks	Dreyfus Basic S&P 500 Stock Index	%
	American Funds Growth Fund	%
	Calvert Social Investment Equity Fund	%
	MFS Value Fund	%
	Victory Established Value Fund	%
	Dreyfus Mid Cap Index	%
	Janus Enterprise Fund	%
	Columbia Small Cap Value II	%
	Eaton Vance Special Equities Fund	%
	Dreyfus Small Cap Stock Index	%
International Stocks	American Funds EuroPacific A	%
	Dreyfus International Stock Index	%
TOTAL		**100%**

C. ☐ SELECT ONE OF THE ASSET ALLOCATION STRATEGIES

Asset Allocation Strategies seek to provide a simple, one-step approach to investing by offering you a choice of four funds based upon risk tolerance. Designed to be used as a single-choice investment approach, each Asset-Allocation Strategy is made up of a pre-selected mix of mutual funds. The Funds offer built-in asset allocation and diversification, as well as automatic rebalancing.

Choose **ONE** of the following:

☐ Conservative Allocation Strategy ☐ Growth Allocation Strategy

☐ Moderate Allocation Strategy ☐ Aggressive Allocation Strategy

2 Participant Authorization and Signature

Please complete, sign, date, and return this form along with Rollover Check to:

CWA SRT
Attn. Trust Office
501 Third Street, NW
Washington, DC 20001

CWA Trust Office Phone Number: 1-800-987-0721

I certify that (1) the Prior plan is a qualified plan under section 401(a) of the Code or an individual conduit retirement account (IRA) under Code Section 408(d)(3) and the provisions of the transferor plan or IRA conduit are such that the benefit described above may be transferred to this Plan: (2) this money represents employer and salary deferral contributions only (e.g. there are no after-tax contributions in this rollover distribution); and (3) I understand that these rollover funds, once deposited in the plan, will be subject to all provisions of the Plan, including all distribution restrictions. I also certify that I have read and understand the prospectus and/or fund information regarding the investments applicable to the Plan.

Participant Signature ____ Date ____________

3 CWA Trust Office Authorization and Signature

CWA Trust Office Authorization ________________________________ Date ______________

A prospectus can be obtained from your investment professional or by calling the Retirement Plan Information Line at 1-800-854-0647. The prospectus contains complete information on the fund's investment objective(s), the risks associated with an investment in the fund, the fees, charges, and expenses involved, as well as other information about the fund. The prospectus should be read carefully before investing.