

CWA Savings & Retirement Trust

Instructions for Requesting a Beneficiary Distribution

Enclosed are the following items needed to request a beneficiary distribution from the CWA Savings & Retirement Trust. Please review and complete each of the items as described in the procedures below. Return the required documents for approval and processing to the following address unless otherwise specified on any form:

Item	Procedure	Return to CWA Trust Office
Special Tax Notice Regarding Plan Payments	This document contains important information regarding your distribution options and the related restrictions and tax consequences. Read this information carefully before requesting your distribution.	No – this document is for your records
Beneficiary Distribution Form	<ul style="list-style-type: none"> ▪ Complete all relevant sections after reading all the information in the package. ▪ Include a copy of the Participant's death certificate. ▪ Sign and date the form. ▪ Return this form to the CWA Trust Office for approval. 	Yes
Loan Payoff Form, if applicable	<p>Loans that are unpaid at the time of the participant's death become due and payable and are offset by the participant's vested account balance, taxable to the participant's estate unless a payoff check is received prior to distribution. However, this repayment can only be accepted if it pays off the loan in full. Partial repayment will not be accepted. If you wish to repay the outstanding loan in full, please complete the Loan Payoff Form and enclose the loan repayment.</p> <ul style="list-style-type: none"> ▪ Enclose a payment for the outstanding balance. ▪ Return Loan Payoff Form along with your payment to the Hartford Retirement Services, LLC as indicated on the Loan Payoff Form. <p>Also indicate on Distribution Form that Loan Payoff Form is being provided.</p>	Yes – return to address indicated on Loan Payoff Form
CWA SRT Office	<p>Please return Form along with copy of the Death Certificate to:</p> <p>CWA SRT Attn. Trust Office 501 Third St NW Washington, DC 20001</p> <p>You may also contact the CWA Trust Office at 1-800-987-0721</p>	

Participant Service Center Representatives are available by calling the Retirement Plan Information Line at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about the Plan.



CWA Savings & Retirement Trust

Beneficiary Distribution Form

Plan Id: 990500050

1. Deceased Participant Information

Social Security Number		Birth Date
Name		Hire Date
Address		
City	State	ZIP
Date of Death	Estate Tax ID Number	

Explanation of Required Beginning Date (RBD): The RBD is generally the April 1 following the later of the year in which the participant attained age 70 ½ or retired. However, for a 5% owner, the RBD is the April 1 following the year in which (s)he attained age 70 ½. Your plan may define the RBD differently so please contact the Plan Sponsor if you have additional questions. It is essential to be aware of the RBD because it determines the distribution options available to the beneficiary.

2. Beneficiary Information

Social Security Number		Birth Date
Name		
Address		
City	State	ZIP
Daytime Phone	Evening Phone	

Relationship to Participant Spouse Other Relationship _____

Percentage of Benefit 100% Other Percentage _____%

If there are multiple beneficiaries, please complete a separate form for each beneficiary

3. Beneficiary Distribution Amount (select one)

- A.** I am requesting a final distribution of my portion of the **entire vested account balance**. My portion is indicated in Section 2, Percentage of Benefit.

Special Options B and C for Beneficiaries of Participants Who Died Prior to the Required Beginning Date (RBD):

- B. Pay no distribution now (this option available to spousal and non-spousal beneficiaries)**
Distributions will be deferred until the year in which the Participant would have attained age 70 ½ had the participant lived or on a per – request basis until that time. No distribution will be paid until it is requested using the appropriate distribution form.
- C. "Five Year Rule" - Pay no distribution now (this option available to spousal and non-spousal beneficiaries)**
The distribution of the entire account must be completed by the end of the calendar year which contains the fifth anniversary of the Participant's death. You may request partial withdrawals before the end of that five year period, subject to plan provisions. Distributions will be deferred at this time and a distribution request to the Employer sponsoring the plan will be made at a future date.

4. Payment Election (select one)

- A. Lump-Sum Payment** I elect to have the entire distribution paid directly to me. I understand this payment will be subject to 20% mandatory federal withholding and any applicable state withholding if I am the spouse of the participant. Non-spousal beneficiaries must make a tax withholding election in Section 7. *(Please read Cash Payment Section of Important Beneficiary Distribution Information)*
- B. Direct Rollover (this option available to spousal and non-spousal beneficiaries):** I elect to have the entire distribution paid as a Direct Rollover. I have indicated in Section 5 detailed instructions for the processing of this Rollover Distribution.
- C. Combination Lump-Sum Payment & Direct Rollover (this option available to spousal and non-spousal beneficiaries):** I elect to have a portion of this distribution paid directly to me and the remaining balance paid as a Direct Rollover. I understand payment made directly to me will be subject to 20% mandatory federal withholding and any applicable state withholding if I am the spouse of the participant. (Please read Cash Payment Section of Important Beneficiary Distribution Information). I have indicated in Section 5 detailed instructions for the processing of rollover portion of this distribution. Indicated below is the Lump Sum Amount I would like paid directly to me:
Lump-Sum Amount: \$ _____ will be paid to me with the remainder to be paid as a Direct Rollover. Any portion of this remaining balance that is not an eligible rollover distribution will also be paid directly to me.
- D. Periodic Distribution:** *(this option available to spousal and non-spousal beneficiaries).* Please complete Section 6 Periodic / Installment Payment Election of this form.

5. Rollover Information (if B. or C. elected in Section 4)

Direct Rollover Information: If you elected option B. or C. in Section 4, your payment includes a Direct Rollover. Please complete the information below: Rollover checks will be mailed directly to my address of record and made payable to the financial institution or trust named below. *(Please read Direct Rollover Section of Important Beneficiary Distribution Information).*

- Direct Rollover to:**
- Traditional IRA .** Make rollover check payable to: _____
 - Roth IRA.** Make rollover check payable to: _____
 - Eligible Retirement Plan.** Make rollover check payable to: _____

If your account includes after-tax contributions or rollovers, please determine whether your IRA or Plan will accept these contributions and check the appropriate box:

- Please include after-tax contributions in my rollover check. The check will indicate the after-tax distribution amount.
- Please issue a separate check directly to me representing the rollover portion of the distribution
- Please issue a separate check directly to me representing the after-tax portion of the distribution.

6. Periodic / Installment Payment Election (if D. elected in Section 4)

Periodic Distribution Information: Installment payments will be paid in accordance with the information and schedules you indicate below:

- A. Fixed Period Election:** I elect to receive my installment payments over a fixed number of years as indicated below
 1. Beneficiary's single life expectancy (if the participant died **before** the RBD)
 2. Longer of deceased participant's life expectancy or beneficiary's life expectancy (if the participant died **after** the RBD)
 3. _____ Years (not to exceed life expectancy)
- B. Fixed Amount Election:** I elect to receive my installment payments in a fixed amount until my account is depleted as indicated below
 - _____ Fixed Amount.

For option A. and B. above please indicate the payment frequency and months of distribution as follows:

Distribution Schedule:

Select frequency: Monthly (12x) Quarterly (4x) Annually (1x) Other (please specify) _____

Select month(s) of distribution: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Payment Method:

- Check – mailed to participant address of record
- Direct Deposit to: Bank Checking Account Bank Savings Account. (Please attaché voided check or preprinted deposit slip)

Special Tax Withholding Elections for installment payments to beneficiaries paid over a period of 10 or more years. Please see Section 9 for Special Tax Withholding Elections.

7. Voluntary Federal Tax Withholding Election

This section applies to any distribution to:

- a **non-spousal** beneficiary; or
- for any periodic distribution to a **spousal** beneficiary to be paid over a period longer than the spousal beneficiary's life expectancy and 10 or more years.

If periodic distributions to a spousal beneficiary are to be paid over a period less than the spousal beneficiary's life expectancy and less than 10 years, then 20% tax withholding will automatically apply unless the spouse rolls over the death benefit.

Note that a voluntary withholding election cannot be made involving accounts for which a name and/or taxpayer identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's (or beneficiary's) TIN is missing or incorrect. This distribution is subject to federal income tax withholding unless you elect not to have withholding apply. **This section cannot be left blank if you are requesting a distribution subject to a federal tax withholding election.** If no election is made, then 20% federal withholding and any applicable state tax will be withheld. The Employer is responsible for reviewing this election and may determine that the distribution is subject to tax withholding in which case your election may be overridden by the Employer. See the Withholding on Periodic and Non-Periodic Payments and the Cash Payments sections of the Important Beneficiary Distribution Information for information regarding federal and state tax withholding.

- Do not withhold federal or applicable state taxes.
- Withhold 20% federal income tax from the taxable amount of the distribution and withhold any applicable state tax
- Withhold _____% or \$ _____ in federal income tax from the taxable amount of the distribution and withhold any applicable state tax

8. Beneficiary Authorization & Signature- please note a Notary Seal of Approval is required

As a Beneficiary of the Participant and the CWA SRT, I hereby request a distribution in the form indicated above, subject to the terms of the plan and the approval of the Employer sponsoring the plan. I confirm that (1) I have received and read the Special Tax Notice Regarding Plan Payments and understand that if I am the spousal beneficiary and I do not elect a direct rollover, my eligible rollover distribution will be subject to 20% federal and applicable state tax withholding; (2) I have verified that the IRA or retirement plan will accept the direct rollover (if this option is elected) and is an eligible retirement plan; (3) I understand that I have at least 30 days from the receipt of the Special Tax Notice Regarding Plan Payments to decide whether to make or not to make a rollover of the portion of my account that is an eligible rollover distribution; and (4) by signing and returning this form before the end of the 30 day period, I have waived the right to any further time to consider this decision and I am requesting a distribution of the account in accordance with the above elections as soon as possible.

Other Forms completed: Loan Payoff Form (as applicable) Copy of death certificate of Participant.

Beneficiary Signature _____ Date _____

Notary Seal of Approval Required:

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 Beneficiary identified above.

Witness Signature _____ (Notary Public)

Commission Expires _____ Seal _____

Return Form and copy of the Death Certificate to the CWA Trust Office:

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

You may also contact the CWA Trust Office at 1-800-987-0721

9. CWA Trust Office Approval, Authorization & Certification

- A. Confirmed Section 2- **Percentage** of benefit assigned to this Beneficiary.
- B. Confirmed the participant died **before** or **after** the required beginning date (RBD).
- C. Withhold based upon Section 7 elections. If periodic distributions in Section 6 were elected by a beneficiary, 20% federal tax withholding and any applicable state tax withholding will apply unless you indicate by checking this box that tax withholding is elective, in which case tax withholding will be based on the beneficiary's elections in Section 7. See the Withholding sections in the Important Beneficiary Distribution Information, including the Cash Payments section.

Note: If the Participant died after the RBD (defined above), and had not taken his or her total required minimum distribution in the calendar year of death, the remaining required minimum distribution that otherwise would have been paid to the Participant must instead be paid to his or her beneficiary(ies).

I hereby approve this distribution request and authorize that the distribution be paid in the manner described above. I certify that: (1) the addresses in the Deceased Participant Information section above and the Beneficiary Information section above are the deceased Participant's most recent address and the Beneficiary's current address of record and I authorize Hartford Retirement Services, LLC ("HRS") to update its records, if necessary, to reflect these addresses; (2) this distribution is in accordance with the terms of the plan; (3) the Plan Administrator has provided the beneficiary with the Special Tax Notice Regarding Plan Payments that provides a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal tax withholding on distributions that are not directly rolled over, and has also complied with any other notice requirements that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); and (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them. If the distribution authorized is one for which voluntary federal tax withholding (and any applicable state tax withholding) is applicable, I certify that : (1) HRS is entitled to rely on my authorization for federal tax withholding and applicable state tax withholding and may rely on my representation that when no federal taxes are authorized to be withheld, the distribute has so indicated this election to the Employer; and (2) I acknowledge that this form does not constitute a delegation by the plan administrator of, and the plan administrator has not otherwise delegated, its income tax withholding duties and liabilities under section 3405 of the Internal Revenue Code of 1986, as amended, to HRS and that HRS is acting as independent contractor of the plan administrator in making payments in accordance with these instructions

CWA Trust Office Authorization _____ Date _____

Print Name _____

Important Beneficiary Distribution Information

Cash Payments

If you choose to have any portion of your distribution paid directly to you, in a lump sum, mandatory 20% federal tax withholding will be applied to the taxable amount of the distribution if you are the spouse of the participant. Non-spouse beneficiaries are subject to either the Periodic or Non-periodic Payment federal tax withholding explained below. If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia state taxes will automatically be withheld if federal taxes are withheld. This list is subject to change based on changing state tax withholding requirements.

Withholding on Periodic Payments

Payments made as periodic installments over a period of 10 years or over your life expectancy are **not** generally subject to mandatory 20% federal tax withholding. You may elect not to have withholding apply to your periodic payments. Your election will remain in effect until you revoke it. You may revoke your election at any time by returning the revised Section 7 Voluntary Federal Tax Withholding Election completed, signed, and dated. Any election or revocation will be effective no later than 30 days after receipt of your election. You may make and revoke elections not to have withholding apply as often as you wish.

If you do not make a withholding election for periodic payments in Section 7 Voluntary Federal Tax Withholding Election by the date your form is submitted, income tax will be withheld from the taxable portion of your pension payments as if you were a married individual claiming three withholding allowances. As a result, no income tax will be withheld if the taxable portion of your annual pension payments is less than a certain threshold amount. If you elect not to have withholding apply to your retirement plan payments, or if you do not have enough federal income tax withheld from your retirement plan payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Withholding on Non-Periodic Payments

You may elect not to have federal tax withholding apply to payments not subject to 20% mandatory federal tax withholding. Withholding will only apply to the portion of your distribution that is included in your taxable income at a rate of 10%. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Outstanding Loans

If the participant had an outstanding loan balance, then the unpaid loan balance becomes due and payable at the time of death. The death benefit distribution is offset by the vested account balance unless a full loan payoff is received prior to the death benefit distribution. Outstanding loans which are not repaid prior to the death benefit distribution become taxable. They should be reported as taxable to the participant's estate.

Direct Rollover

Rollover checks are mailed to your home address on file, but are made payable to the financial institution named on this form. If you choose to have any portion of your distribution amount paid as a direct rollover, that amount will be exempt from mandatory federal and state withholding. You should contact your IRA provider or a representative of your new retirement plan to obtain exact payee instructions. Payments made as periodic installments over a period of 10 years or more are not eligible for direct rollover. Therefore, the mandatory 20% withholding does not apply. In this case, you must complete Section 7 of the form to indicate your voluntary withholding election.

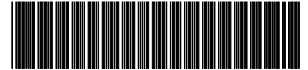
If you are required to receive a required minimum distribution (RMD), then the entire minimum distribution must be paid to you BEFORE you authorize a direct rollover, if you are a beneficiary. An RMD may be required because the participant was over 70 ½ when (s)he died or you, as beneficiary, may be required to receive some minimum amount before a direct rollover is paid. If you authorize a direct rollover to an IRA or eligible employer-sponsored retirement plan before you have taken the entire required minimum distribution for the year, this will result in an excess rollover contribution to your IRA or retirement plan. You will need to correct this excess rollover contribution by contacting the trustee or custodian of your IRA or retirement plan. This excess rollover contribution may also be subject to tax penalties. Please contact your Employer if you are not sure whether you have received your required minimum distribution for the current calendar year.

Payment Policies

All distributions will be made payable to the Beneficiary or to the trustee/custodian of an IRA or qualified plan and will be mailed to the Beneficiary's address on the form, or to the address indicated by the Plan Sponsor.

Acknowledgement

The IRS requires that you receive a written Special Tax Notice Regarding Plan Payments prior to receiving such payment if the payment qualifies as an eligible rollover distribution. Please read it carefully to understand the rollover rules and the special tax treatment regarding the mandatory income tax withholding rules on lump sum and installment distributions not directly rolled over to another qualified retirement plan or IRA that accepts rollover distributions. You should receive this notice between 180 and 30 days before the time for your distribution. You are entitled to have at least 30 days to consider your distribution option. However, you may affirmatively elect to waive the 30-day period and request a distribution or direct rollover as soon as possible by completing and signing this form.



CWA Savings & Retirement Trust Loan Payoff Form

Plan Id: 99050050

2. Participant Information

Social Security Number	Birth Date	
Name	Hire Date	
Address		
City	State	ZIP
Daytime Phone	E-mail Address	
Evening Phone	Employer	

If the Participant had an outstanding loan balance and you would like to payoff the outstanding loan, please take the following steps.

- Call the Retirement Plan Information Line at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to help you determine the current outstanding balance of the loan.
- Speak with a Representative and alert them that you will be sending in a loan payoff check. They will "freeze" the loan for up to 30 days so no additional interest accrues while your payoff is in process. If the loan payoff is not received within the freeze period, interest will accrue from the original date that the "freeze" was placed on the loan.
- Make certified check, money order or cashier's check payable to "CWA SRT FBO [Name of Participant]". Be sure to write the Participant's Social Security Number on the check.
- Return loan payoff along with this form to the CWA SRT Trust Office. **You may contact the CWA Trust Office at 1-800-987-0721.**

3. Loan Payoff Information

The enclosed certified check, money order, or cashier's check in the amount of \$_____.

4. Beneficiary Signature - Please sign and return Form along with the payment to the CWA Trust Office

Beneficiary Signature _____ Date _____

Return Form along with the loan payment to the CWA SRT Trust Office:

CWA Trust Office
501 Third St NW
Washington, DC 20001