

CWA/ITU Negotiated Pension Plan

Life/10

DESIGNATION OF BENEFICIARY BY UNMARRIED PENSIONER

(this form to be completed only if Life/10 elected)

(Print) Name of Pensioner

Social Security Number

Phone Number

I am **not legally married** and hereby authorize the Plan to pay, upon my death, any remaining guaranteed monthly payments to the following named beneficiary(ies).

If the pensioner dies before receiving the guaranteed minimum of 120 payments, monthly payments will continue to your beneficiary(ies), ending when a total of 120 payments have been made. If a beneficiary dies before all guaranteed payments have been made, remaining benefits shall be divided among the remaining named beneficiary(ies) in the proportions designated by the pensioner. If all beneficiaries die before all guaranteed payments have been made, any remaining benefits will be paid to the pensioner's spouse, or if there is none to the descendants surviving the pensioner. If all beneficiaries predecease the pensioner, any remaining guaranteed payments will be paid as provided in the Plan.

Contingent beneficiaries may be designated to receive benefits if the primary beneficiary dies before receiving all guaranteed payments by allocating a 100% share for the primary beneficiary(ies) and marking additional designations as "contingent." Please be sure to indicate your choice of beneficiary(ies) and clearly note the shares to be paid.

(Type or Print in Ink)

NAME AND ADDRESS OF BENEFICIARY			Relationship	Share To Be Paid (Percent)
Name				
	Date of Birth			
Street Address				
City	State	Zip		
Phone Number				
	Social Security Number			
Name				
	Date of Birth			
Street Address				
City	State	Zip		
Phone Number				
	Social Security Number			
Name				
	Date of Birth			
Street Address				
City	State	Zip		
Phone Number				
	Social Security Number			
Name				
	Date of Birth			
Street Address				
City	State	Zip		
Phone Number				
	Social Security Number			

(Additional beneficiaries may be designated on a separate sheet, which must be dated, signed and attached to this form.)

This designation shall stand unless modified by me in the manner provided by the Plan, and shall supersede any and all designations previously made, which are hereby revoked.

Signature of Pensioner

Date

Signature of Witness (other than beneficiary)

Address of Witness **City** **State** **Zip**

Send completed form by mail to: CWA/ITU Negotiated Pension Plan
27 Roland Avenue, Suite 200 • Mount Laurel, NJ 08054-1038
Phone: 833-776-0731 • Fax: 856-793-3105 • Email: NPP@fmvaccaro.com

