

CWA LOCAL 1181 ANNUITY FUND

(Must return Original - signed/dated and witnessed)

***** EXPLANATION OF DEATH BENEFITS AND *** BENEFICIARY DESIGNATION FORM**

THIS FORM CONTROLS THE DEATH BENEFIT DISTRIBUTION OF THE ANNUITY FUND ONLY
Separate Designation Forms are required for other Benefits
that may be available through the CWA LOCAL 1181 SECURITY BENEFIT FUND

It is **essential** that you take the time now to designate a beneficiary for your Annuity Fund (the "Fund") benefits should you die as a participant in the Fund. If you do not do so, the benefit will be distributed in accordance with the Plan Document. **(Must return Original to ASO - do not fax or email, as your Beneficiary Designation Form will be deemed invalid)**

In order to designate a beneficiary to receive any Annuity Fund benefits payable in the event of your death or to update your beneficiary designation, **you must complete, sign and date the Beneficiary Designation Form on the reverse side of this notice and return it to CWA Local 1181 Annuity Fund c/o Administrative Services Only, Inc., 303 Merrick Road, P.O. Box 9010, Lynbrook, NY 11563-9010.**

These instructions will assist you in properly completing the Primary and Contingent Beneficiary sections of the Beneficiary Designation Form.

1. To designate one or more beneficiaries, insert the(ier) name(s), relationship (for example, spouse, son/daughter, sister/brother, friend, etc.), social security number, address, and telephone number.
 - When multiple beneficiaries are named, benefits will be paid in **equal** shares to all surviving beneficiaries. (e.g. if two (2) beneficiaries are named, each beneficiary will receive 50%)
 - Contingent Beneficiaries only receive benefits if **NO** Primary Beneficiary is alive at the time of your death.
2. If you wish to name your estate, insert "Estate" in the blank space.
3. If you wish to designate a Trust, insert the name of the Trustee and Trust in the blank space using language substantially as follows:
 - To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the ___ day of _____, 20___, including any amendments to the Trust.
4. Your Beneficiary's rights to receive benefits are effective **only** if any Annuity Fund benefits you have accumulated remain in the Fund at the time of your death and have not previously been paid to you.
5. The validity of your designation under the law is **YOUR** responsibility. Be precise and clear. You should see an attorney if you require legal advice on your beneficiary designation.
6. You may change a Beneficiary Designation **at any time.**

Primary Beneficiary(ies) receive any death benefits payable as a result of your membership in the **CWA Local 1181 Annuity Fund** (hereinafter "Plan"). If designating more than one primary beneficiary, benefits will be paid in **equal** shares to the surviving Primary Beneficiary(ies).

Contingent Beneficiary(ies) receive the death benefits described above. Such death benefit will only be payable to Contingent Beneficiary(ies) so designated, if they are alive at the time of your death **and if NO Primary Beneficiary is alive at the time of your death, then benefits will be disbursed to your Contingent Beneficiary(ies).** If designating more than one contingent beneficiary, benefits will be paid in **equal** shares to the surviving beneficiary(ies).

Changing Beneficiary(ies) You reserve the right to revoke the designation made herein to designate another(other) beneficiary(ies). Any such change shall be effective only if you make it in writing and it is actually received by the Trustees prior to your death. By submitting a new Beneficiary Designation Form you hereby revoke any Beneficiary Designations made by you prior to the date of this designation. You hereby authorize payment to the beneficiary(ies) whom you have designated above and agree, on behalf of yourself and your heirs, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Plan from any further obligation.

OVER 

CWA LOCAL 1181 ANNUITY FUND

*** BENEFICIARY DESIGNATION FORM ***

PLEASE COMPLETE AND SIGN THIS FORM IN INK & RETURN ORIGINAL TO:

Please mail original / witnessed form promptly to:

Administrative Services Only, Inc.
PO Box 9010
Lynbrook, NY 11563-9010

Tel# (877) 999-3555 (Toll Free)
Do not Fax this document

SECTION I MEMBER INFORMATION (be sure to sign/date and must have form witnessed below)

LAST NAME	FIRST NAME	MI	SOC SEC NO	DATE OF BIRTH
ADDRESS		APT NO	CITY	ST ZIP
HOME PHONE	CELL	EMAIL		EMPLOYING AGENCY

SECTION II PRIMARY BENEFICIARY INFORMATION (See Reverse Side for Definition)

FULL NAME	ADDRESS	APT NO	SOCIAL SECURITY NO	DATE OF BIRTH
	CITY	ST	ZIP	RELATIONSHIP
				TELEPHONE NO.
FULL NAME	ADDRESS	APT NO	SOCIAL SECURITY NO	DATE OF BIRTH
	CITY	ST	ZIP	RELATIONSHIP
				TELEPHONE NO.

SECTION III CONTINGENT BENEFICIARY INFORMATION (See Reverse Side for Definition)

FULL NAME	ADDRESS	APT NO	SOCIAL SECURITY NO	DATE OF BIRTH
	CITY	ST	ZIP	RELATIONSHIP
				TELEPHONE NO.
FULL NAME	ADDRESS	APT NO	SOCIAL SECURITY NO	DATE OF BIRTH
	CITY	ST	ZIP	RELATIONSHIP
				TELEPHONE NO.

SECTION IV AUTHORIZATION (THIS FORM MUST BE SIGNED AND WITNESSED)

*** Form must be witnessed by a person *not* named as a primary beneficiary or contingent beneficiary ***

Member Signature:	Date:	Witness Signature:	Date:
Member Name (Print):		Witness Name (Print):	
		Address:	