



CWA LOCAL 1180 MEMBERS' ANNUITY FUND

*** 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 1180 Security Benefits Funds

Dear Member:

It is **very important** 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 go to your estate. If you designate a beneficiary, it will go **directly** to that person without having to pass through estate administration or probate.

In order to designate a beneficiary to receive any Annuity Fund benefits payable in the event of your death, **you must sign and date the Beneficiary Designation Form on the reverse side of this notice and return it to CWA Local 1180 Members' 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.
 - 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.**

If you have any questions, please call 516-396-5520, 877-999-3555 ext 5520 or 718-204-7172 ext. 5520.

Sincerely,
Board of Trustees

OVER 

CWA LOCAL 1180 MEMBERS' ANNUITY FUND

*** BENEFICIARY DESIGNATION FORM ***

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

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

(718) 204-7172 Ext. 5520
(516) 396-5520 Ext. 5520
(877) 999-3555 (Toll Free)

SECTION I MEMBER INFORMATION

| | | | | |
|------------|------------|--------------|------------------|---------------|
| LAST NAME | FIRST NAME | MI | SOC SEC NO. | DATE OF BIRTH |
| ADDRESS | APT NO. | CITY | STATE | ZIP |
| HOME PHONE | EMAIL | OFFICE PHONE | EMPLOYING AGENCY | |

SECTION II PRIMARY BENEFICIARY INFORMATION

I hereby designate the person or persons named below as my Primary Beneficiary(ies) to receive any death benefits payable as a result of my membership in the CWA Local 1180 Members' Annuity Fund (hereinafter "Plan"). If designating more than one beneficiary or contingent beneficiary, benefits will be paid in equal shares to the surviving beneficiary(ies).

| FULL NAME - LAST, FIRST, MI | RELATIONSHIP (need not be a family member) | SOC. SEC. NO. | ADDRESS | DATE OF BIRTH | TELEPHONE |
|-----------------------------|---|---------------|---------|---------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION III CONTINGENT BENEFICIARY INFORMATION

I hereby designate the person or persons named below as my Contingent Beneficiary(ies) to receive the death benefits described above. Such death benefit will only be payable to my Contingent Beneficiary(ies) so designated, if they are alive at the time of my death and if no Primary Beneficiary is alive at the time of my death.

| FULL NAME - LAST, FIRST, MI | RELATIONSHIP (need not be a family member) | SOC. SEC. NO. | ADDRESS | DATE OF BIRTH | TELEPHONE |
|-----------------------------|---|---------------|---------|---------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

I reserve the right to revoke the designation made herein and to designate another(other) beneficiary(ies). Any such change shall be effective only if I make it in writing and it is actually received by the Trustees prior to my death. I hereby revoke any beneficiary designations made by me prior to the date of this designation. I hereby authorize payment to the beneficiary(ies) whom I have designated above and agree, on behalf of myself and my 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.

Member Signature _____ Date _____

Witness Signature _____ Date _____ Address _____
Form must be witnessed by a person not named as a beneficiary or contingent beneficiary (Street, City, State, Zip)