

**DESIGNATION OF BENEFICIARY
BY UNMARRIED PENSIONER
(LIFE/10)**

(Print) Name of Pensioner

Social Security Number

Phone Number

I am **not married** and hereby authorize the Plan to pay, upon my death, any remaining guaranteed monthly payments to the following named beneficiary(ies). If more than one beneficiary is named, any remaining benefits shall be divided into equal amounts, unless other proportions are specified below. If any beneficiary shall predecease me or die in such circumstances that proof of survivorship is uncertain, that share shall be divided among the remaining beneficiaries named, in the proportions designated by me. If all beneficiaries predecease me, any remaining benefits shall be paid as provided in the Plan.

Contingent beneficiaries may be designated to receive benefits if the primary beneficiary predeceases the pensioner by allocating a 100% share for the primary beneficiary(ies) and marking additional designations as "contingent".

| NAME AND ADDRESS OF BENEFICIARY --- | Relationship | Percent To Be Paid |
|-------------------------------------|--------------|--------------------|
| Name _____ | | |
| Date of Birth _____ | | |
| Address _____ | | |
| City _____ State _____ Zip _____ | | |
| Phone Number _____ | | |
| Name _____ | | |
| Date of Birth _____ | | |
| Address _____ | | |
| City _____ State _____ Zip _____ | | |
| Phone Number _____ | | |
| Name _____ | | |
| Date of Birth _____ | | |
| Address _____ | | |
| City _____ State _____ Zip _____ | | |
| Phone Number _____ | | |
| Name _____ | | |
| Date of Birth _____ | | |
| Address _____ | | |
| City _____ State _____ Zip _____ | | |
| Phone 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 **Address of Witness** **City** **State** **Zip**

Send completed form to: CWA/ITU Negotiated Pension Plan
1323 Aeroplaza Dr.
Colorado Springs, CO 80916

For questions, contact the Plan Office at 1-719-473-3862 or email info@awaitunpp.org.