



IUE-CWA 401(k) Retirement Savings and Security Plan

1460 Broad Street Bloomfield, NJ 07003
(973) 893-0333 phone (973) 893-8225 fax
www.iuepension.org

Designation of Beneficiary Form

Instructions Complete the sections below as indicated.
Please send the Designation of Beneficiary Form with the Enrollment Form to the Plan office.

Participant Information
Name _____ Phone (____) _____
Address _____ Marital Status: ___ Never Married ___ Married
Street
City _____ State _____ Zip _____
_____ Widowed send copy of death certificate _____ Divorced send copy of divorce decree
Company _____ Social Security Number _____ Birth Date _____
E-mail Address _____ Local Number _____

Beneficiary Information-you may choose more than one beneficiary if you wish. **If you are married, the first beneficiary listed must be your spouse (unless he/she is willing to sign below).** If you wish to name more than one of each (primary or contingent), please use the back of this form. Please be sure to indicate if the person is a primary or contingent beneficiary.
I understand that any benefit payable at my death will be paid to the beneficiary(ies) named by me in the following order:
Primary Beneficiary(ies) -- if more than one is named, the benefit will be split into equal shares
Contingent Beneficiary(ies) -- if no Primary Beneficiary survives me, the benefit will be shared equally among the Contingent Beneficiary(ies).

Primary Beneficiary

Beneficiary's Name _____ Relationship _____
Beneficiary's Social Security Number _____
Beneficiary's Address _____
Street _____ City _____ State _____ Zip _____

Contingent Beneficiary

Beneficiary's Name _____ Relationship _____
Beneficiary's Social Security Number _____
Beneficiary's Address _____
Street _____ City _____ State _____ Zip _____

Spousal Consent to name other beneficiaries
If you are married and name other than your spouse as sole, primary beneficiary, the Plan requires your spouse to sign the following statement before a notary public. (If more than one named, the surviving beneficiaries shall share equally unless otherwise stated above. If more space is needed, please use the back of this form). If you name your spouse as beneficiary (or are not married) do not complete this section.

Spouse's Statement: I understand that the beneficiary for my spouse's Plan account will receive my spouse's Plan account when he or she dies. This consent is irrevocable unless my spouse changes the beneficiary named above.

Spouse's Signature _____ Witnessed before me this _____ day of _____

Notary's signature and seal _____ My commission expires _____

Authorization
I understand upon execution of this Designation of Beneficiary/Change of Beneficiary Form and receipt by the Plan Administrator on behalf of the IUE-CWA 401(k) Retirement Savings & Security Plan, I am revoking and replacing all my previous Beneficiary designations, if any. An authorized copy of this form will be returned to me acknowledging my elections.

Employee's Signature _____ Date _____