CWA LOCAL 1181SECURITY BENEFITS FUND

*** LIFE INSURANCE BENEFICIARY DESIGNATION FORM ***

PLEASE COMPLETE AND SIGN THIS FORM IN INK MAKE A COPY FOR YOUR RECORDS
AND RETURN THE SIGNED ORIGINAL TO:

CWA LOCAL 1181 SBF

c/o ADMINISTRATIVE SERVICES ONLY, INC. 303 MERRICK ROAD, SUITE 300 LYNBROOK NY 11563

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By my signature below, I revoke any Beneficiary Designations previously made, authorize payment to the beneficiary(ies) designated above, and agree, on behalf of myself and my heirs, that payment made to such beneficiaries shall be a complete discharge of any claim for such benefits and shall constitute a release of the Plan from any further obligation.

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