

SASMI SEVERANCE BENEFIT BENEFICIARY DESIGNATION CARD

SASMI Participant's Full Name

Local Union No.

SASMI Participant's Social Security No.

SMWIA Membership No.

DESIGNATION OF PRIMARY BENEFICIARY:

If I die before application for or receipt of my Severance Benefit, but all other requirements for payment of a Severance Benefit are met, I hereby designate the following person(s) as the sole beneficiary of my SASMI Severance Benefit:

Primary Beneficiary's Full Name

Primary Beneficiary's Soc. Sec. No.

PRIMARY BENEFICIARY'S COMPLETE ADDRESS:

Complete Street Address

City

State

Zip

IMPORTANT NOTE: IF YOU WISH TO DESIGNATE A SECONDARY BENEFICIARY (IES) IN CASE YOUR PRIMARY BENEFICIARY (IES) IS DECEASED BEFORE YOU, PLEASE COMPLETE THE FOLLOWING PORTION OF THIS FORM:

Secondary Beneficiary's Full Name

Secondary Beneficiary's Soc. Sec. No.

SECONDARY BENEFICIARY'S COMPLETE ADDRESS:

Complete Street Address

City

State

Zip

Signature of SASMI Participant

Date

Signature of Witness

Date

Name of Witness (Print or Type)