

## DESIGNATION OR CHANGE OF BENEFICIARY CARD

for use under the Sheet Metal Workers' International Association Accidental Death and Dismemberment Plan

My signature below indicates that I understand that this card revokes and replaces any earlier card(s) on file for the AD&D Plan. This card will be my only valid designation of beneficiary card for the AD&D Plan. I also understand that this card will become effective when filed with my Local Union.

BENEFICIARY (Must be completed)					
First Name	Last Name	Date of Birth	Social Security Number	Relationship	Benefit %
PRIMARY					%
PRIMARY					%
CONTINGENT					%
CONTINGENT					%

PRINT MEMBER'S NAME			
MEMBER'S SIGNATURE			
MEMBER'S SOC. SEC. NO.		LOCAL UNION #	DATE
PRINT NAME OF WITNESS			
SIGNATURE OF WITNESS			

When form is completed, please return to your Local Union to be held on file. DO NOT SEND TO THE GENERAL OFFICE OR THE AD&D PLAN ADMINISTRATOR.

\*\*Please see reverse side for explanation\*\*

Date Filed with Local \_\_\_\_\_

**Please print all information on the reverse side except where a signature is required.**

### PRIMARY BENEFICIARY

The primary beneficiary is the person(s) you name to receive death benefits. You may name more than one beneficiary. If you specify benefit percentages, the total must equal 100%. If you do not specify benefit percentages, proceeds will be paid in equal shares to the primary beneficiaries who survive you.

### CONTINGENT BENEFICIARY

The contingent beneficiary is the person(s) you name to receive death benefits if no primary beneficiary survives you. If you specify benefit percentages, the total must equal 100%.

### NO BENEFICIARY

If you do not name a beneficiary, or if no beneficiary survives you, we will pay death benefits to your estate.

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