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SASMI SEVERANCE BENEFICIARY CARD

*SASMI PARTICIPANT INFORMATION:*

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LAST NAME, FIRST NAME, MI SOCIAL SECURITY NUMBER

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LOCAL # IA NUMBER DATE OF BIRTH

*PRIMARY BENEFICIARY INFORMATION:*

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LAST NAME, FIRST NAME, MI SOCIAL SECURITY NO. %

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ADDRESS: STREET CITY STATE ZIP CODE

*SECONDARY BENEFICIARY INFORMATION:*

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LAST NAME, FIRST NAME, MI SOCIAL SECURITY NO. %

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ADDRESS: STREET CITY STATE ZIP CODE

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PARTICIPANT'S SIGNATURE DATE

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If you, as a SASMI participant, have not filled out a Severance Beneficiary Card or you wish to change your beneficiary, please complete the form above and file it with **your home local union office.**

