Sheet Metal Workers' Local No. 49
Beneficiary Designations

Administrative Office
2400 West Dunlap Avenue, Suite 250
Phoenix, Arizona 85021
Phone (505) 265-8422 Toll Free (800) 432-6636 Fax (505) 266-9358

PLEASE SUBMIT THIS FORM WITH COPIES OF BIRTH & MARRIAGE CERTIFICATES FOR ALL ELIGIBLE DEPENDENTS

EMPLOYEE'S INFORMATION	MUST BE COMPLETED BY EMPLOYEE	PLEASE PRINT
EMPLOYEE NAME MALE ☐ FEMALE ☐	BIRTHDATE MO. DAY YR.	SOCIAL SECURITY NO.
ADDRESS CITY	STATE ZIP	PHONE NO. ( )
SPOUSE'S NAME MARRIED ☐ SINGLE ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED ☐		
SPOUSE'S SOCIAL SECURITY NO. SPOUSE'S EMPLOYER		PHONE NO. ( )

ELIGIBLE DEPENDENT(S) NAME (FIRST & LAST NAME)	M / F	DATE OF BIRTH	RELATIONSHIP

OTHER GROUP INSURANCE INFORMATION (SPOUSE)

NAME OF PLAN	ADDRESS	
POLICY HOLDER	COVERAGE FAMILY ☐ INDIVIDUAL ☐	PHONE NO. ( )
GROUP AND/OR I.D. NO.	TYPE OF COVERAGE (CHECK ALL THAT APPLY) MEDICAL ☐ DENTAL ☐ PRESCRIPTION DRUGS ☐	

AUTO OR OTHER VEHICLE INFORMATION

NAME OF PLAN	ADDRESS	
POLICY HOLDER	AGENT NAME	PHONE NO. ( )
GROUP AND/OR I.D. NO.	MEDICAL COVERAGE AMOUNT	

BENEFICIARY TO YOUR LIFE INSURANCE	BENEFICIARY TO YOUR VACATION BENEFITS
☐ CHECK HERE IF YOUR SPOUSE IS YOUR BENEFICIARY. THEN YOU DO NOT HAVE TO FILL OUT THE INFORMATION BELOW.	☐ CHECK HERE IF YOUR SPOUSE IS YOUR BENEFICIARY. THEN YOU DO NOT HAVE TO FILL OUT THE INFORMATION BELOW.
NAME DATE OF BIRTH	NAME DATE OF BIRTH
RELATIONSHIP S.S.#	RELATIONSHIP S.S.#
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

BENEFICIARY TO YOUR SHEET METAL WORKERS' NATIONAL PENSION FUND	BENEFICIARY TO YOUR SASMI BENEFITS
☐ CHECK HERE IF YOUR SPOUSE IS YOUR BENEFICIARY. THEN YOU DO NOT HAVE TO FILL OUT THE INFORMATION BELOW.	☐ CHECK HERE IF YOUR SPOUSE IS YOUR BENEFICIARY. THEN YOU DO NOT HAVE TO FILL OUT THE INFORMATION BELOW.
NAME DATE OF BIRTH	NAME DATE OF BIRTH
RELATIONSHIP S.S.#	RELATIONSHIP S.S.#
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP

EMPLOYEE SIGNATURE AND DISCLAIMER

Your benefits, in the event of your death, will be paid to the beneficiary named on this enrollment card in accordance ot the rules and regulations of the Funds. This shall not apply, however, to any death benefit payable to a spouse as required by ERISA, you must notify the Coordinator's/Administrator's office immediately if there is any change to this information. **TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT**.

Employee Signature X _____ Date _____