## SASMI SEVERANCE BENEFICIARY STATEMENT

## **SASMI PARTICIPANT INFORMATION:**

			<del>-</del>		
PARTICIPANT'S NA	ME	S	SOCIAL SECURITY NUMBER		
12					
LOCAL # IA NUMBER		DATE OF BIRTH			
PARTICIPAN	T'S SIGNATURE			DATE	
*******	*********	********	******	*****	
	PRIMARY BENEFI PERCENTAGE TOTA	CIARY INFORMA' L MUST NOT EXCEED 10			
BENEFICIARY NAME		SOCIAL SECURITY NUMBER		PERCENT	
STREET ADDRESS	3	CITY	,	ZIP CODE	
			<u>-</u>	%	
BENEFICIARY NA	AME	SOCIAL SEC	URITY NUMBER	PERCENT	
STREET ADDRESS	<u> </u>	CITY	STATE	ZIP CODE	
**********	SECONDARY BENEI PERCENTAGE TOTA		ATION:	********	
BENEFICIARY NAME		SOCIAL SEC	SOCIAL SECURITY NUMBER PERCENT		
STREET ADDRESS	3	СІТУ	STATE	ZIP CODE	
BENEFICIARY NAME		SOCIAL SECURITY NUMBER PERCEN		% PERCENT	
STREET ADDRESS	<u> </u>	CITY	,	ZIP CODE	

RETURN TO: LOCAL 12 1200 GULF LAB ROAD PITTSBURGH, PA 15238