

SASMI SEVERANCE BENEFICIARY STATEMENT

SASMI PARTICIPANT INFORMATION:

PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

12
LOCAL #

IA NUMBER

DATE OF BIRTH

PARTICIPANT'S SIGNATURE

DATE

PRIMARY BENEFICIARY INFORMATION:

PERCENTAGE TOTAL MUST NOT EXCEED 100%

BENEFICIARY NAME

SOCIAL SECURITY NUMBER

PERCENT %

STREET ADDRESS

CITY

STATE

ZIP CODE

BENEFICIARY NAME

SOCIAL SECURITY NUMBER

PERCENT %

STREET ADDRESS

CITY

STATE

ZIP CODE

SECONDARY BENEFICIARY INFORMATION:

PERCENTAGE TOTAL MUST NOT EXCEED 100%

BENEFICIARY NAME

SOCIAL SECURITY NUMBER

PERCENT %

STREET ADDRESS

CITY

STATE

ZIP CODE

BENEFICIARY NAME

SOCIAL SECURITY NUMBER

PERCENT %

STREET ADDRESS

CITY

STATE

ZIP CODE

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