

Dear Brothers and Sisters,

On the other side of this letter, you will find the beneficiary card for the SMART Accidental Death and Dismemberment Plan. This death benefit is offered through the International in the case of accidental death or dismemberment and is separate and above any other death benefit plans offered through Local 12 or the Combined Funds.

Per Article One (1) Section 9 (b) of the SMART Constitution and Ritual August 11-15, 2014, in order to be eligible to receive any of the benefits for which provision is made, a member must have paid his or her dues in advance for the month in which his or her claim to benefits accrued and no member whose dues have not been paid on or before the first day of any month shall be entitled to any benefits during that month. In other words, if you should pass away by accident on June 3, 2017 and your dues are paid through May 31, 2017, your beneficiaries will not receive any death benefits. *Don't deprive your beneficiaries of this benefit!*

Please complete the form on the other side of this letter and return it for recording to:

SHEET METAL WORKERS  
LOCAL UNION 12  
1200 GULF LAB RD  
PITTSBURGH, PA 15238

Again, this is a separate benefit offered through the International and is subject to the Constitutional and Ritual revised and amended by the authority of the SMART General Convention. At this time, this benefit shall not exceed \$7,500. As a member with dues paid in advance for the month in which his or her claim to benefits accrued, you have the right to select whomever you choose to be your listed beneficiary(ies) and those parties are not required to be the same as parties listed on other beneficiary forms submitted to Local 12 or the Combined Funds.

Should you have any questions, please contact Local 12.

Fraternally,

Robert D. Greiner  
Business Manager/Financial Secretary-Treasurer

RDG/bdd



## DESIGNATION OR CHANGE OF BENEFICIARY CARD

For use under the SMART Accidental Death and Dismemberment Plan

My signature below indicates that I understand that this statement revokes and replaces any earlier card(s) on file for the AD&D Plan. This document will be my only valid designation of beneficiary card for the AD&D Plan. I also understand that this document will become effective when filed with Local 12 and my dues must be paid in advance for the month in which my claim to benefits accrued.

### BENEFICIARY (must be completed)

First Name	Last Name	Date of Birth	Soc Sec #	Relationship	Benefit %
PRIMARY					
PRIMARY					
CONTINGENT					
CONTINGENT					
PRINT MEMBER'S NAME					
MEMBER'S SIGNATURE					
MEMBER'S SOC. SEC. #		LOCAL UNION #		12	DATE
PRINT NAME OF WITNESS*					
SIGNATURE OF WITNESS*					

\*Witness cannot be listed beneficiary

Date filed with Local 12 \_\_\_\_\_

**WHEN THE FORM IS COMPLETED, PLEASE RETURN TO LOCAL 12.  
DO NOT SEND TO THE GENERAL OFFICE OR THE AD&D PLAN ADMINISTRATOR.**

*Definitions of information requested are:*

**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, the death benefit will be paid to your estate.