



Southwest Gulf Coast Regional Council

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Phone: (210) 202-3221 www.smartswgcrc.org

“UPDATED BENEFICIARY CARD”

Designation or Change of Beneficiary Card

For use under the Southwest Gulf Coast Regional Council Death Benefit Fund.

My signature below indicated that I understand that this form revokes and replaces any earlier form(s) on file for the SWGCRC Death Benefit Fund. This form will be my only valid designation of beneficiary form for the SWGCRC Death Benefit Fund. I also understand that this form will become effective when filed with my Local Union.

BENEFICIARY (Must be completed)						
	First Name	Last Name	Date of Birth	Last 4 of Social Security#	Relationship	Benefit%
PRIMARY						%
PRIMARY						%
CONTINGENT						%
CONTINGENT						%

PRINT MEMBER'S NAME			
MEMBER'S SIGNATURE			
MEMBER'S LAST 4 OF SS#		LOCAL UNION#	DATE:

PRIMARY BENEFICIARY

The primary beneficiary is the person(s) you name to receive death benefit. 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, we will **NOT** pay the death benefit to your estate.

WHEN THE FORM IS COMPLETED, PLEASE RETURN TO YOUR LOCAL UNION TO BE HELD ON FILE. Do NOT send it to the SWGCRC office.