

CONSTRUCTION INDUSTRY LABORERS SMART FUND

PO Box 909500, Kansas City, MO 64190-9500 (816) 777-2669
 Toll Free (833) 479-9429

Last Name			First Name in Full			Middle Name in Full		
Home Address				City and State			Zip Code	
Social Security No.			Date Employee Joined Union		Cell Phone No.		Home Telephone No.	
Date of Birth			Marital Status		Sex	Email Address		
Month	Day	Year	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		<input type="checkbox"/> Male <input type="checkbox"/> Female			

Please complete the back of this card to designate your beneficiary(ies.) Beneficiary designations may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator. **If you are designating a beneficiary(ies) other than your legal spouse, your spouse's signature must be notarized or witnessed by a Plan Representative in order for your designation to be valid.**

<hr/>	<hr/>
Signature	Date

SMART PLAN BENEFICIARIES

Name	Social Security No.	Address	Date of Birth		
			Month	Day	Year

If you are married and have NOT elected your spouse as beneficiary, your spouse must sign this form. By submitting this form, you acknowledge that any future changes to your beneficiary(ies) will also require spousal consent if he/she is not designated.

If you are designating a beneficiary(ies) other than your legal spouse, your spouse's signature must be notarized or witnessed by a Plan Representative in order for your designation to be valid.

I am the spouse of the participant named on the front of this card. I am voluntarily waiving my right to any benefits otherwise due to me as the participant's spouse under the Plan so that benefits may instead be paid to the beneficiary(ies) listed on this form. I understand that my spouse cannot select different beneficiaries without my written consent.

_____ Signature of Spouse _____ Date

_____ Signature of Notary or Plan Representative _____ Date