

SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND
BENEFICIARY FORM

5100 Ed Smith Way, Suite A
Marion, IL 62959
618-998-1300 fax # 618-997-9063
www.silehw.org

EMPLOYEE INFORMATION

PLEASE PRINT

Last Name	First	Middle Initial			
Mailing Address			City	State	Zip
Soc Sec #	Contact Phone #	Email			
<input type="checkbox"/> Single	Birthdate		Local Union #		
<input type="checkbox"/> Married					

PRIMARY BENEFICIARY (Individual to receive benefit in the event of your death; cannot be member)

Last Name	First	Middle Initial			
Mailing Address			City	State	Zip
Soc Sec #	Birthdate	Relationship	Contact Phone #		

SECONDARY BENEFICIARY (Individual to receive benefit in the event of your death; cannot be member)

Last Name	First	Middle Initial			
Mailing Address			City	State	Zip
Soc Sec #	Birthdate	Relationship	Contact Phone #		

Signature				Date	

Please contact the Annuity Fund Office in writing if there is any change in address, marital status & or beneficiary