

**SECURITY WORKERS HEALTH & WELFARE FUND  
SECURITY WORKERS 401(k) PLAN  
SECURITY WORKERS VACATION FUND**

9411 PHILADELPHIA ROAD, SUITE S □ BALTIMORE, MARYLAND 21237

Telephone: 1-800-592-8902  
410-444-3759

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**Member Information**

Last Name	First Name	Middle Initial
Street Address		City, State, Zip
Social Security Number	Gender	Date of Birth
Home Telephone Number (include area code)		Marital Status (Circle One) Single    Married    Divorced

**Beneficiary Designations**

Name	Social Security #
Street Address	City, State, Zip
Relationship	Percentage

Name	Social Security #
Street Address	City, State, Zip
Relationship	Percentage

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Street Address	City, State, Zip
Relationship	Percentage

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Street Address	City, State, Zip
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**Security Workers Health and Welfare Fund Enrollment Information**

**\*\*Note –** In order to add a spouse we must have a copy of your marriage certificate. In order to add a child we must have a copy of their State issued birth certificate. If you are adding a child from a previous marriage or a stepchild (a stepchild must reside in your household), we must have a copy of their State issued birth certificate and something indicating that you contribute to at least 50% of their support (i.e. tax return, notarized letter or a court order).

Dependent Name and Address	Social Security Number	Relationship	Date of Birth

I hereby make the designation of beneficiary for each of the benefits specified above and revoke any previous designations. I understand that the beneficiaries named above may be revoked at any time by filing a new designation in writing on the Fund office’s form. I understand that if all of the above designated beneficiaries predecease me, the distribution will be made in accordance with the terms of the Plan. **I agree to notify the Fund Office immediately of any change in my marital status.**

\_\_\_\_\_   
 Member Signature

\_\_\_\_\_   
 Date