

Primary Beneficiary

Name:

Date of Birth:

Last four digits of SSN:

Mailing Address (street, city, state, zip code):

Phone Number:

Email:

Secondary Beneficiary

Name:

Date of Birth:

Last four digits of SSN:

Mailing Address (street, city, state, zip code):

Phone Number:

Email:

Note: The secondary beneficiary will only receive funds if the primary beneficiary is deceased.

Ways to submit the Beneficiary Designation Form:

Keep a copy of the form for your
records and mail the original to:

SMECO Capital Credits
P.O. Box 1937
Hughesville, Maryland 20637

Email the form to:

beneficiary.forms@smeco.coop

Visit us online and complete the form at:

www.smeco.coop/beneficiary

SMECO members are responsible
to ensure beneficiary information
is up-to-date.

Call SMECO at 1-888-440-3311 for
more information or assistance.

For beneficiaries:

To claim capital credit funds upon the death of a
SMECO member, beneficiaries will be required to
obtain a death certificate and submit proof of their
identity with a government-issued photo ID.

Find the necessary forms and instructions at:

www.smeco.coop/beneficiary-request

SMECO
Capital Credits

Beneficiary Designation



SMECO
Southern Maryland Electric Cooperative