

## 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](mailto:beneficiary.forms@smeco.coop)

Visit us online and complete the form at:

[www.smeco.coop/beneficiary](http://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](http://www.smeco.coop/beneficiary-request)

**SMECO**  
Capital Credits

# Beneficiary Designation



**SMECO**  
Southern Maryland Electric Cooperative