



Benevolent Fund • Beneficiary Card

Last Name _____

First Name _____ Middle Initial _____

Agency or Retiree _____

Home Address _____

Membership # _____

My Beneficiary is _____ %

My Beneficiary is _____ %

My Beneficiary is _____ %

Signature _____

Date _____

Please make a copy of this card for your records. Your beneficiary must be over 18 years of age. Contact us and will be asked to verify your social security number. Your beneficiary can contact us at 501-378-0187. Ask for the Membership Clerk.

Please send ASEA this card by fax (501) 378-0113 or by email sbuckholts@aseaar.org or by mail P.O. Box 1588 Little Rock, AR 72203.