

**MICHIGAN LABORERS' ANNUITY FUND
REQUEST FOR APPLICATION FORM**

SECTION I

TO: Board of Trustees

I hereby apply for: (Please check one of the following benefits.)

- Retirement Benefits
- Disability Benefits (submit medical proof of Total and Permanent Disability)
- Separation Benefits
- Benefits payable as a result of the death of a Participant

from the Michigan Laborers' Annuity Fund effective _____

SECTION II – PARTICIPANT'S PERSONAL INFORMATION:

Name _____
(First) (Middle) (Last)

Social Security Number _____ Local Union Number _____

Home Address _____
(Street)

(City) (State) (Zip)

Date of Birth _____ Spouse's Date of Birth _____

It will be necessary that you submit proof of the date of birth, such as a copy of your Birth Certificate, for both you and your spouse, if any.

Last Day Worked _____ Employer _____

SECTION III – STATEMENT OF MARITAL STATUS

I certify that my marital status is (please indicate your marital status):

- Single – never married
- Single – my spouse is deceased (Attach copy of death certificate)
- Single – divorced*
- Married

*If you have ever been divorced, you must attach a copy of any or all Judgment(s) of Divorce with all attachments and mail them to the Fund Office.

Date _____ Signature of Participant _____

SECTION IV – CERTIFICATION

To be completed by the Participant:

I hereby certify that all of the information furnished by me on this Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request for Application Form will be attached to and made a part of my Application for Benefits, when it is submitted. I also understand that I must also submit acceptable proof of my age and, if I am married, proof of my spouse's age, as well as a copy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy or copies of my Divorce Decree(s), and if I am widowed, I must submit a copy of my late-spouse's Death Certificate.

Date _____ Signature of Participant _____

In the event of the death of the Participant, to be completed by the Beneficiary:

I hereby certify that all of the information furnished by me on this Application Form, is to the best of my belief and knowledge, true and complete. I understand that I must also submit acceptable proof of my age, and if married to the Participant, a copy of my Marriage License or Certificate to the deceased Participant, as well as a copy of the deceased Participant's Certificate of Death.

Date _____ Signature of Beneficiary _____

Please return completed form to:

MICHIGAN LABORERS' ANNUITY FUND
6525 Centurion Drive
Lansing, MI 48917-9275