

MICHIGAN LABORERS' ANNUITY FUND

BENEFICIARY DESIGNATION FORM

(To be completed by participant)

PLEASE PRINT

Purpose for Completing Form: <input type="checkbox"/> New Participant <input type="checkbox"/> Change Beneficiary <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change _____ (previous name)		
NAME OF PARTICIPANT: Last _____ First _____ MI _____		
SOCIAL SECURITY NUMBER:		PARTICIPANT DATE OF BIRTH: Month _____ Day _____ Year _____
ADDRESS OF PARTICIPANT: Street _____ City _____ State _____ ZIP _____		
GENDER <input type="checkbox"/> M <input type="checkbox"/> F		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
PARTICIPANT PHONE NUMBER: (_____) _____		PARTICIPANT EMAIL ADDRESS:
LOCAL UNION NO:		
BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANT – I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married and my spouse will automatically become my beneficiary. I hereby state that I am NOT married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Annuity Plan in the event of my death the following person(s):		
NAME OF BENEFICIARY:	RELATIONSHIP:	SOCIAL SECURITY NUMBER:
ADDRESS OF BENEFICIARY:		
NAME OF BENEFICIARY:	RELATIONSHIP:	SOCIAL SECURITY NUMBER:
ADDRESS OF BENEFICIARY:		
NAME OF BENEFICIARY:	RELATIONSHIP:	SOCIAL SECURITY NUMBER:
ADDRESS OF BENEFICIARY:		
NAME OF BENEFICIARY:	RELATIONSHIP:	SOCIAL SECURITY NUMBER:
ADDRESS OF BENEFICIARY:		
I understand that this beneficiary designation supersedes any previous designation signed prior to the date shown below. NOTE: If you name more than one person, any benefit payable will be paid in equal shares.		
DATE OF SIGNATURE	SIGNATURE	

For questions, contact the Administration Office at toll-free 877-MI-LABOR (877-645-2267)

Return completed form to:

Michigan Laborers' Annuity Fund

Administration Office, P.O. Box 211133, Eagan MN 55121-2533

or Fax to: (517) 689-6016

