

Michigan Laborers' Annuity Fund

6452 Millennium Dr, Ste 100, Lansing, MI 48917-7881 • PO Box 211133, Eagan, MN 55121
Phone: 1 (877) 645-2267 (MI-LABOR) • Fax: (517) 689-6016 • Website: www.milaborersfunds.com

Administered by
Welfare & Pension Administration Service, Inc.

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

Please note that your account will be distributed in a Single, One-Time, Lump Sum distribution equal to your account balance as of the prior annual valuation date adjusted up or down, for Fund investment returns. If you have an outstanding loan balance through this annuity fund, it will be deducted from your gross distribution amount. Your distribution will include your portion of the Fund's investment gains or losses from the beginning of the Plan Year. If your completed Application is received in the Fund Office on or after the 20th day of a month, your investment gain or loss will be based on the prior month's value. If your completed Application For Benefits is received in the Fund Office during the first 19 days of a calendar month, your investment gain or loss will be based on the month previous to the prior month's value.

From the Michigan Laborers' Annuity Fund effective: _____

SECTION II – PARTICIPANT'S PERSONAL INFORMATION:

Name:			
Last	First	MI	
Mailing Address:			
Street	City	State	Zip
Phone Number:		Email Address:	
Local Union No:		Social Security Number:	
Date of Birth:		Spouse 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.



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SECTION III – STATEMENT OF MARITAL STATUS

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

Never Married Married Widowed Separated

Divorced** Have there been multiple divorces?

Please list date(s) of divorce(s) below and any other applicable information below:

Signature of Participant:	Date of Signature:

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.

Signature of Participant:	Date of 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

