

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 _____ <div style="text-align: right;">(previous name)</div>		
NAME OF PARTICIPANT: <div style="display: flex; justify-content: space-between;"> Last First MI </div>		
SOCIAL SECURITY NUMBER:	PARTICIPANT DATE OF BIRTH: <div style="display: flex; justify-content: space-between;"> Month Day Year </div>	
ADDRESS OF PARTICIPANT: <div style="display: flex; justify-content: space-between;"> Street City State ZIP </div>		
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:		
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ADDRESS OF BENEFICIARY:		
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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
 6452 Millennium Dr, STE 100, Lansing, MI 48917
 or Fax to: (517) 689-6016

