

# MICHIGAN LABORERS' PENSION FUND

## BENEFICIARY DESIGNATION FORM

(To be completed by participant)

**PLEASE PRINT**

<b>Purpose for Completing Form:</b>		
<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>		
<b>NAME OF PARTICIPANT:</b>		
Last	First	MI
<b>SOCIAL SECURITY NUMBER:</b>	<b>PARTICIPANT DATE OF BIRTH:</b>	
	Month	Day      Year
<b>ADDRESS OF PARTICIPANT:</b>		
Street	City	State      ZIP
<b>GENDER</b>	<b>MARITAL STATUS</b>	
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>PARTICIPANT PHONE NUMBER:</b>	<b>PARTICIPANT EMAIL ADDRESS:</b>	
(      )		
<b>LOCAL UNION NO:</b>		
<b>BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANT</b> – 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 for one year 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 Pension Plan in the event of my death the following person(s):		
<b>NAME OF BENEFICIARY:</b>	<b>RELATIONSHIP:</b>	<b>SOCIAL SECURITY NUMBER:</b>
<b>ADDRESS OF BENEFICIARY:</b>		
<b>NAME OF BENEFICIARY:</b>	<b>RELATIONSHIP:</b>	<b>SOCIAL SECURITY NUMBER:</b>
<b>ADDRESS OF BENEFICIARY:</b>		
<b>NAME OF BENEFICIARY:</b>	<b>RELATIONSHIP:</b>	<b>SOCIAL SECURITY NUMBER:</b>
<b>ADDRESS OF BENEFICIARY:</b>		
<b>NAME OF BENEFICIARY:</b>	<b>RELATIONSHIP:</b>	<b>SOCIAL SECURITY NUMBER:</b>
<b>ADDRESS OF BENEFICIARY:</b>		
I understand that this beneficiary designation supersedes any previous designation signed prior to the date shown below. <b>NOTE: If you name more than one person, any benefit payable will be paid in equal shares.</b>		
<b>DATE OF SIGNATURE</b>	<b>SIGNATURE</b>	

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

Return completed form to:

**Michigan Laborers' Pension Fund**

Administration Office, P.O. Box 34203, Seattle WA 98124

or Fax to: (517) 689-6016

