

**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

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 _____
(First) (Middle) (Last)

Social Security Number _____ Local Union Number _____

Home Address _____ Phone Number _____
(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.

SECTION III – STATEMENT OF MARITAL STATUS

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

Single – never married

Widowed (Attach copy of death certificate)

Divorced, number of times _____ (Attach of any or all Judgment(s) of Divorce with all attachments)

Married, number of times _____

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 _____

Please return completed form to:

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