

Michigan Laborers' Pension Fund

6525 Centurion Dr. • Lansing, Michigan 48917-9275

(517) 321-7502 – FAX (517) 321-7508

PENSION DATA FORM

(To be completed by all participants)

Name: _____ Social Security No.: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (ZIP Code)

Date of Birth: _____ Local 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 canceled 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):

Name	Address	Social Security No.	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Note: If you name more than one person, any benefit will be paid in equal shares.

Date

Your Signature

Except for your signature, please print or type all other information.

NOTE: Please return in the enclosed envelope.