

MICHIGAN LABORERS' PENSION FUND

APPLICATION FOR MEMBER DEATH BENEFITS

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR BIRTH CERTIFICATE AND MARRIAGE LICENSE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.

TO BE COMPLETED BY BENEFICIARY

NAME OF DECEASED _____

SOCIAL SECURITY NUMBER _____ LOCAL UNION NO. _____

DATE OF BIRTH _____ DATE OF DEATH _____

CAUSE OF DEATH _____

LAST DATE WORKED _____ NAME OF LAST EMPLOYER _____

NAME OF BENEFICIARY _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

BENEFICIARY'S SOCIAL SECURITY NUMBER _____

ADDRESS OF BENEFICIARY _____

_____ CITY STATE ZIP CODE

TELEPHONE NUMBER _____

DATE OF BIRTH _____ RELATIONSHIP TO PARTICIPANT _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY BELIEF AND KNOWLEDGE, TRUE AND COMPLETE.

DATE _____

SIGNATURE OF BENEFICIARY _____