

Member S.S. No. _____ Beneficiary S.S. No. _____

**MASSACHUSETTS LABORERS ANNUITY FUND
SIGNATURE CARD**

To the Board of Trustees:

Below is the signature which will be used by me at all times in endorsing Pension checks which you will send me.

NOTE: If card signed by applicant using a mark, the card must have the signature of two witnesses. ALL SIGNATURES MUST BE IN INK.

SIGNATURE OF APPLICANT

DATE SIGNED

SIGNATURE OF WITNESS, IF SIGNATURE IS A MARK

DATE SIGNED

SIGNATURE OF WITNESS, IF SIGNATURE IS A MARK

DATE SIGNED