

MASSACHUSETTS LABORERS' PENSION FUND

P O BOX 1501, Burlington, MA 01803

DESIGNATION OF BENEFICIARY OF PENSION BENEFITS:

If you are not married, or if you wish to name a beneficiary other than your spouse, complete the following.
Please note that if you are married, your spouse will automatically be your beneficiary unless he or she agrees in writing to another beneficiary. **PID:** _____

Member Name: _____

Address: _____

Address: _____

I hereby designate as my beneficiary to receive any benefits payable at my death from the Massachusetts Laborers' Pension Fund:

Name of Beneficiary _____ Soc# _____

Date of Birth _____ Relationship: _____ Telephone# _____

Address _____

Contingent **or** _____% Bene. #2Name: _____
(Circle one above)

Address _____ Soc# _____

DOB #2: _____ Relationship#2 _____ #2 Telephone No. _____

Member's Signature _____ Date _____

MASSACHUSETTS LABORERS' ANNUITY FUND

P O BOX 1501, Burlington, MA 01803

DESIGNATION OF BENEFICIARY OF ANNUITY BENEFITS:

If you are not married, or if you wish to name a beneficiary other than your spouse, complete the following.
Please note that if you are married, your spouse will automatically be your beneficiary unless he or she agrees in writing to another beneficiary.

Member's Name _____ **PID:** P _____

I hereby designate as my beneficiary to receive any benefits payable at my death from the Massachusetts Laborers' Annuity Fund:

Name of Beneficiary _____ Soc# _____

Date of Birth _____ Relationship: _____ Telephone# _____

Address _____

Contingent **or** _____% Bene. #2Name: _____
(Circle one above)

Address _____ Soc# _____

DOB #2: _____ Relationship#2 _____ #2 Telephone No. _____

Member's Signature _____ Date _____

If you are a Union member and single or recently divorced, request a Health & Welfare Beneficiary card.