

Please Complete and Return this form to our office

MASSACHUSETTS LABORERS' PENSION FUND

MAIL: 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.

SSN: _____

Member's Name _____

Date of birth: _____

Address _____ Telephone: _____

City: _____ State: _____ Zip: _____

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 _____

City: _____ State: _____ Zip: _____

Contingent **or** _____ % Share Beneficiary #2 Name: _____

(Circle one above)

Address _____

City: _____ State: _____ Zip: _____

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

Soc# _____

Member's Signature _____ Date _____