

## **MASSACHUSETTS LABORERS' PENSION FUND**

P.O. Box 1501, 1400 District Avenue, Suite 200 Burlington, Massachusetts 01803 Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226 • pension@mlbf.org

## Please complete and return this form to our office

## **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 they agree in wiring to another beneficiary.

Member's Name:		SSN/PID:	
Telephone:		DOB:	
Address:			
City:	State:	Zip:	
I hereby designate as n Massachusetts Laborei		ny benefits payable at my death from t	he
Primary or% Share	Beneficiary		
Name of Beneficiary:		SSN:	-
Date of Birth:	Relationship:	Telephone:	-
Address:			
City:	State:	Zip:	
Contingent or% Sha	are Beneficiary		
Name of Beneficiary:		SSN:	
Date of Birth:	Relationship:	Telephone:	-
Address:			
City:	State:	Zip:	
Member's Signature		Date	9