



# 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 BENEFIARY 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 writing to another beneficiary.

Member's Name: \_\_\_\_\_ SSN/PID: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Primary or \_\_\_\_% Share Beneficiary

Name of Beneficiary: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contingent or \_\_\_\_% Share Beneficiary

Name of Beneficiary: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**If you are divorced, please include a copy of your separation agreement and divorce decree**