COMPLETE AND RETURN TO

MASSACHUSETTS LABORERS' PENSION FUND

14 NEW ENGLAND EXECUTIVE PARK, SUITE 200 • BURLINGTON, MA 01803-5201

APPLICATION FORM for RETIREES DEATH BENEFITS MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND

I, _____ do hereby make application for a paid-up death benefit certificate in accordance with the rules, regulations and eligibility requirements of the Fund. Date of Birth:_____ Date Retired:_____

I certify that during the last Five (5) years, I have been employed by:

COMPANY NAME	**FROM**	**TO**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby designate as my beneficiary to receive the proceeds of the Death Benefit:

_____ of _____

(NAME) (ADDRESS)

whose relationship to me is that of _____.

_____

SIGNATURE

_____ _____

WITNESS ADDRESS

_____ _____

DATE SOCIAL SECURITY NO.

_____

LOCAL UNION #