MASSACHUSETTS LABORERS' HEALTH AND WELFARE FUND P.O. Box |50| • 1400 District Avenue, Suite 200 • Burlington, MA 01803

Designation of Beneficiary of Health and Welfare Benefits: Member's Name	Date	Signature of Witness (Other Than Beneficiary)	Signature of Witnes	Date	Signature of Member	9 A
n of Beneficiary of Health and Welfare Benefits: Street Ss# Local Union # Street City State Zip Code Jame Ss# Tel. Jame Ss# Tel. Jame State Zip Code Jame Date of Birth State Zip Code	assachusetts Laborers' Health .I reserve to myself the right	d now, or in the future under the M ndependent forms from each Fund	ect to all death benefits provided unds will require separate and i	the following nominations in the responation to the Pension and/or Annuity F	vious beneficiary designations and make id ONLY, and that any beneficiary design ture changes."	"I revoke all previous beneficia and Welfare Fund ONLY, and of further and future changes."
n of Beneficiary of Health and Welfare Benefits: Street Ss# Local Union # Street City State Zip Code Iame Ss# Tel. Street City Ss# Tel.			Date of Birth		to Member	Relationship to Member
n of Beneficiary of Health and Welfare Benefits: SS#	Zip Code	State		City	Street	
n of Beneficiary of Health and Welfare Benefits: Ime SS# Local Union # Street City State Zip Code Same SS# Tel. Iame SS# Tel.						Address
n of Beneficiary of Health and Welfare Benefits: Street Street City State Date of Birth SS# Tel.		Tel	SS#		Vame	Beneficiary Name
n of Beneficiary of Health and Welfare Benefits: SS# Local Union # Street City State Zip Code Date of Birth		Tel	SS#		Vame	Beneficiary Name
n of Beneficiary of Health and Welfare Benefits: SS# Local Union # Street City State Zip Code),4		Date of Birth		Tel
n of Beneficiary of Health and Welfare Benefits: SS#Local Union #	Zip Code	State		City	Street	
n of Beneficiary of Health and Welfare Benefits: SS#Local Union #						Address
n of Beneficiary of Health and Welfare Benefits:)n#	Local Unic	SS#	- Acc	ame	Member's Name
				th and Welfare Benefits:	on of Beneficiary of Healt	Designation
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