



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 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