

Laborers Pension Trust Fund – Detroit and Vicinity

PO Box 4450, Troy, Michigan 48099-0966

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pension@laborersfringe.org

Beneficiary Designation Form

PARTICIPANT DATA - (PLEASE PRINT)

Participant's Name: _____
(LAST) (FIRST)

Address: _____ City: _____ State: _____ Zip: _____

Last four digits of S. S. Number: _____ Phone Number: _____ Date of Birth: _____
(MONTH) (DAY) (YEAR)

Marital Status: ☐ Married* ☐ Single

Spouse's Name: _____ Spouse's S.S. Number: _____

***The person to whom you are legally married at the time of your death is automatically your sole beneficiary. Any beneficiary designation made below will be honored only in the event that no spouse survives you.**

BENEFICIARY DESIGNATION

I hereby designate the following as my Beneficiary for purposes of the Laborers Pension Trust Fund – Detroit and Vicinity Pension Plan:

Primary Beneficiary:

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Beneficiary's S.S. Number: _____ Percent of Benefit: _____

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Beneficiary's S.S. Number: _____ Percent of Benefit: _____

Contingent Beneficiary:

In the event your Primary Beneficiary pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Beneficiary's S.S. Number: _____ Percent of Benefit: _____

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Beneficiary's S.S. Number: _____ Percent of Benefit: _____

Attach additional paper if necessary, **percentages must equal 100%**.

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married and my spouse will automatically become my beneficiary.

(PARTICIPANT SIGNATURE)

(DATE)