

**MICHIGAN LABORERS' PENSION FUND**

**APPLICATION FOR MEMBER DEATH BENEFITS**

**WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR BIRTH CERTIFICATE AND MARRIAGE LICENSE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.**

**TO BE COMPLETED BY BENEFICIARY**

NAME OF DECEASED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ LOCAL UNION NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

LAST DATE WORKED \_\_\_\_\_ NAME OF LAST EMPLOYER \_\_\_\_\_

-----

NAME OF BENEFICIARY \_\_\_\_\_  
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

BENEFICIARY'S SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS OF BENEFICIARY \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

TELEPHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY BELIEF AND KNOWLEDGE, TRUE AND COMPLETE.

**DATE** \_\_\_\_\_ **SIGNATURE OF BENEFICIARY** \_\_\_\_\_