

MICHIGAN BAC PENSION DATA FORM

(DO NOT FILL OUT IF YOU ARE MARRIED OR YOU ARE A BENEFICIARY ALREADY RECEIVING BENEFITS)

Participant Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

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| <p>BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY</p> <p>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 for one year and my spouse will automatically become my beneficiary.</p> <p>I hereby state that I am NOT married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death the following person(s):</p> <p>PENSION FUND DEATH BENEFIT BENEFICIARY:</p> <p>Beneficiary's Name (Please Print): _____</p> <p>Address: _____</p> <p>Social Security Number: _____ Date of Birth: _____</p> <p>Relationship: _____</p> |
|---|

_____ Date

_____ Participant's Signature

PLEASE RETURN THIS FORM TO:

**MICHIGAN BAC PENSION FUND
6525 Centurion Drive
Lansing, MI 48917-9275**

If you have any questions, please contact the Fund Office at Toll Free (800) 531-2244 or (517) 321-7502. Office hours are 7:30 A.M. – 5:30 P.M.

