

MICHIGAN STATE PAINTERS INSURANCE FUND

MICHIGAN STATE PAINTERS INSURANCE FUND BENEFICIARY DESIGNATION FORM

(To be completed by the participant)

Participant Name: _____

Address: _____

Social Security Number or Participant Identification Number _____

Date of Birth: _____ Male Female

Marital Status: Married Single Divorced Widowed

Participants Telephone Number: _____ Local Union Number: _____

HEALTH CARE FUND DEATH BENEFIT BENEFICIARY

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

I understand that this beneficiary designation cancels any previous designation I may have made

Date

Participant Signature

Except for your signature, please PRINT or type all other information.

Return completed form to:

Michigan State Painters Insurance Fund
6525 Centurion Drive
Lansing, MI 48917