

**BUFFALO LABORERS' PENSION FUND
MANDATORY ALIVE AND WELL PROCEDURES
CERTIFICATION OF ADDRESS**

PENSION PLAN PARTICIPANT, PLEASE COMPLETE THE FOLLOWING:

NAME: _____

SOCIAL
SECURITY NO.: _____

ADDRESS: _____

TELEPHONE NO.: _____

MARITAL STATUS:

IF MARRIED: IS SPOUSE ALIVE? ☐ Yes ☐ No

IF DECEASED: DATE OF DEATH _____

IF ALIVE: SPOUSE'S NAME: _____

SOCIAL SECURITY NO.: _____

I hereby certify that the above information is correct, and is provided for the purpose of continuing my benefit from the Buffalo Laborers' Pension Fund.

Signature

State of _____)
County of _____) SS.:

On this _____ day of _____, _____, before me, the subscriber, personally appeared _____ to me personally known to be the same person described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

Notary Public / or Buffalo Laborers'
Pension Fund Plan Representative