

**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 \_\_\_\_\_, 2014, 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