

OHIO LABORERS' FRINGE BENEFIT PROGRAMS

To the Board of Trustees:

Below is the signature, which will be used by me at all times in endorsing all correspondence, including pension and/or insurance checks.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security # of Beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date