



Laborers' COMBINED FUNDS OF WESTERN PENNSYLVANIA

*Serving the Laborers' District Council of Western Pennsylvania
Pension Fund, Welfare Fund and other affiliated Funds*

12 EIGHTH STREET, SUITE 500 • PITTSBURGH, PENNSYLVANIA 15222

PHONE: 1-412-263-0900 • Website: www.lcfowpa.com



CONTACT INFORMATION

A COMPLETE COPY OF GUARDIANSHIP OR POWER OF ATTORNEY DOCUMENTS REQUIRED WITH THIS FORM

SECTION 1: Guardian or Power of Attorney Information

Guardian / Power of Attorney Name _____

Relationship of Guardian or Power of Attorney to Pensioner: _____

Address _____

Phone # _____

SECTION 2: Pensioner Information

Please provide current information on the person you are the designated guardian or power of attorney.

Pensioner's Full Name: _____

Pensioner's Current Address: _____

**If the pensioner resides
in a nursing home,
personal care or rehab
facility, please include
name of the facility.**

Phone #: _____

Signature of Guardian or Power of Attorney

Date