

# Bricklayers & Trowel Trades International Pension Fund

620 F Street, N.W., Suite 700, Washington, DC 20004  
Phone:( 202) 638-1996 Fax: (202) 347-7339 www.ipfweb.org

Instructions: Please read all questions carefully and print all answers. Be sure to sign and date the application and mail the completed application with the required supporting documentation to the Fund Office.

## Participant Information:

Name of Deceased Participant		Social Security Number	
Address			
City	State	Zip Code	
Date of Birth (Month/Day/Year)		Date of Death (Month/Day/Year)	
Local Union and State		Marital Status	
Name of Last Employer		Date of Last Employment	

## Beneficiary Information:

Name of Beneficiary		Social Security Number	
Address			
City	State	Zip Code	
Relationship to Deceased		Phone Number (with area code)	
Date of Birth (Month/Date/Year)		Date of Marriage (Month/Date/Year)	

## Type of Survivor Benefit

Check one: (Note: The Lump Sum Death Benefit is only payable if the Surviving Spouse Pension is not payable.)

Lump Sum Death Benefit—payable to the beneficiary of a deceased Participant who had one (1) or more years of Future Service Credit. (A copy of the death certificate must be enclosed with the application)

Surviving Spouse Pension—payable to the spouse of a deceased Participant whose death occurs while eligible for a Normal, Early, or Deferred Vested Pension

If application is for the Surviving Spouse Pension, please be certain that you have enclosed the following supporting documentation:

(1) Proof of Death                      (2) Proof of Decedent's Birth                      (3) Proof of Your Age                      (4) Proof of Marriage

(5) We will also require the number of hours the Participant worked in covered employment during the three years before the year he first participated in the International Pension Fund. This information may be available from your spouse's Local Union or health and welfare office.

<u>Year</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____

I hereby apply for the Benefit described above to which I am entitled under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund and certify that the statements made in this application are true to the best of my knowledge and belief.

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

(Revised 10/09)

