

Bricklayers & Trowel Trades International Pension Fund Canada
620 F St. N.W., Suite 700, Washington, DC 20004
Phone: 888.880.8222 Fax: 202.347.7339

Application for Death Benefit

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.

Name of Deceased Participant

Social Insurance Number

Address

City

Province

Postal Code

Date of Birth (Month/Day/Year)

Date of Death (Month/Day/Year)

Place of Death

Local Union and Province

I.U. Membership Number

Name of Last Employer

Beneficiary Information:

Name of Beneficiary (Last/First/Middle)

Address

City

Province

Postal Code

Relationship to Deceased

Social Insurance Number

Date of Birth (Month/Date/Year)
(Attach Proof)

Date of Marriage (Month/Date/Year)
(Attach Proof)

Type of Benefit

Check one:

- Pre-Retirement Death Benefit (payable to the beneficiary of a deceased Participant who has one (1) or more years of Future Service Credit).
- 50% Husband and Wife Surviving Spouse Benefit (payable to the spouse of a deceased Participant whose death occurs after age 55 while in active employment and eligible for a Normal or Early Retirement Pension).

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

Signature of Beneficiary

Date

(Area Code) Telephone Number

IMPORTANT: If application is for the 50% Husband and Wife Surviving Spouse Benefit, please be certain that you have enclosed the following:

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

You need only enclose proof of Death if application is for the Pre-Retirement Death Benefit.

Husband and Wife Pension Applicants are required to provide 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.

Year

Hours



RBC DEXIA
INVESTOR SERVICES

Application for Direct Deposit

Please complete this application and return to RBC Dexia Investor Services. Enclose a sample cheque marked "void" for the account to be credited. If a cheque is not available, please contact your bank to obtain a sample of the MICR encoding for your account.

New **Change**

Name: _____

Social Insurance Number (SIN): _____

Address: _____

Telephone Number (including area code): _____

Pension Plan (Company Name): _____

Event Number (if known): _____

Information on the financial institution to receive your pension payment deposits

Trust Company/Bank/Credit Union: _____

Branch No. and Account No.: _____

Branch Address: _____

I request RBC Dexia Investor Services to deposit my pension payments directly into my account at the financial institution indicated above.

Signature: _____ Date: _____

Please return this application with a voided cheque, or MICR encoding information to:

RBC Dexia Investor Services
Benefit Payment Services
77 King Street West, 6th Floor
P.O. Box 7500, Station A
Toronto, Ontario M5W 1P9