

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)



Bricklayers & Trowel Trades International Pension Fund

620 F Street, NW, Suite 700; Washington, DC 20004

Phone: 202/638-1996

Fax: 202/347-7339

www.ipfweb.org

ELECTRONIC DEPOSIT OF YOUR MONTHLY BENEFIT

NAME: _____

SSN - -

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ Check Box If Your Address Has Changed

Name of Bank or Credit Union _____

ABA Routing #

Acct# _____

Checking

Savings

If you intend to deposit your benefit to your checking account, the Fund recommends that you include a **VOIDED** personal check to ensure accuracy and hasten the processing of your application.

I request that the Bricklayers and Trowel Trades International Pension Fund electronically deposit my monthly benefit to my bank account. I agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name.

(Signature of Pensioner)

(Date Signed)

Please be advised that if someone other than the retiree or beneficiary is signing this form Power of Attorney or Guardianship documentation must be provided to the Fund.

AN EXAMPLE OF HOW TO FIND YOUR ACCOUNT AND ABA NUMBERS ON YOUR PERSONAL CHECK

John or Mary Doe
100 Main St. Anytown, USA 12345

_____ 20 _____ 0501

PAY TO THE _____ \$
ORDER OF _____ Dollars

FIRST NATIONAL BANK
Anytown, USA For _____

|: 123456789 :| || 9876 4321 || 0501

← Tape Voided Check Here

→ Routing # (always 9 digits) ← Your account number ← The individual check # (Do not include)

IF YOU HAVE ANY QUESTION CALL US AT 1-(888) 880-8222 AND ASK FOR THE IPF PENSION PAYROLL DEPT.