

Bricklayers & Trowel Trades International Pension Fund - Canada

620 F Street NW Suite 700, Washington, DC 20004

Phone: 202/638-1996 Fax: 202/347-7339

BACBenefits.org

IPFpensionapplicantinfo@ipfweb.org

APPLICATION FOR DEATH BENEFIT

Instructions: Please read all questions carefully and print all answers. Be sure to sign and date the application form and mail, e-mail or fax the completed form 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)

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

Beneficiary Social Insurance Number

Beneficiary – Date of Birth (Month/Day/Year)
Attach Proof

Beneficiary – Date of Marriage (Month/Day/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% Joint & Survivor 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 Benefit selected 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.

IMPORTANT: Please provide the following documentation as it pertains to your application for benefits.

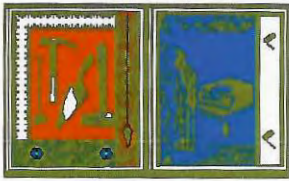
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|---|---|
| 1. Death Certificate | 2. Beneficiary Proof of Birth |
| 3. Proof of Decedent's Birth | 4. Marriage License or proof of common-law marriage |
| 5. Verification of Divorce (if divorced at the time of death) | |

Signature of Beneficiary	Date
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Area Code – Telephone Number	E-Mail Address
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Joint & Survivor pension applicants are required to provide the number of hours the participant worked in covered employment during the three (3) years before the year he first participated in the Bricklayers & Trowel Trades International Fund – Canada. This information may be available from your spouse's Local Union or health and welfare office.

Year	Hours
_____	_____
_____	_____
_____	_____



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<http://www.BACBenefits.org>

Email: PensionPayroll@ipfweb.org

Application for Direct Deposit

Please complete this application and return it to the International Pension Fund. 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:

**Bricklayers & Trowel Trades
International Pension Fund - Canada
620 F Street, N.W. Suite 700
Washington, DC 20004**