

Bricklayers & Trowel Trades International Pension Fund

620 F Street, N.W., Suite 700, Washington, DC 20004

Phone: (888) 880-8222 Fax: (202) 347-7339
Website: www.bacbenefits.org

E-Mail: ipfpensionapplicantinfo@ipfweb.org
Questions?? askipf@ipfweb.org

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

Please provide a copy of the death certificate, proof of decedent's birth and proof of your age. If the participant was divorced, please provide a complete signed, court certified copy of the divorce decree and marital settlement.

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/Claimant Information:

Name of Beneficiary/Claimant		Social Security Number
Mailing Address		E-Mail 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

Lump Sum Death Benefit—payable to the beneficiary of a deceased Participant who had one (1) or more years of Future Service Credit.

In the event a Participant dies before his Effective Date of Pension but after at least 1,500 hours of contributions have been made on his account subsequent to any Break in Service, a Death Benefit equal to 100% of the contributions made on his account shall be paid to his designated beneficiary in the form of a lump sum, not to exceed \$5,000.

Effective June 1, 1988, if an Employee or Participant, or former Employee or Participant, performs at least one hour of Non-Covered Masonry Employment, no death benefit shall be payable.

I hereby apply for the Benefit described above to which I may be 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/Claimant

Date

(Revised 10/23)