Bricklayers & Trowel Trades International Pension Fund

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

Phone: (888) 880-8222 Fax: (202) 347-7339

E-Mail: ipfpensionapplicantinfo@ipfweb.org

Website: www.bacbenefits.org Questions?? askipf@ipfweb.org

Instructions: Please read all questions carefully and print all answers. Be sure to <u>sign and date the application</u> and return the completed application with the required supporting documents to the Fund Office.

Please provide a copy of the death certificate, proof of decedent's birth and proof of your age and marital status. 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	
Survivin	g Spouse Information:		
Name of Surviving Spouse		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)		
ту	pe of Survivor Benefit		
$\hfill\square$ Surviving Spouse Pension—payable to the vested.	e spouse of a deceased Partic	cipant whose death occurs while	
The Surviving Spouse has the option of rece the Participant's account, or (b) the actuarial (b) exceed \$5,000, only the Joint and Survivo	equivalent of the Joint and S	Survivor benefit. If either (a) or	
If the Participant's death occurred before attacommencing with the month following the mo			
I hereby apply for the Benefit described above of the Bricklayers & Trowel Trades Internation application are true to the best of my knowled	onal Pension Fund and certify		
Signature of Surviving Spouse		Date	