



Bricklayers & Trowel Trades International Pension Fund - CANADA

620 F Street, N.W., Suite 700 Washington, D.C. 20004

Phone: 888-880-8222 Fax: 202-347-7339 www.BACBenefits.org

APPLICATION FOR DEATH BENEFIT – Nova Scotia

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
Number

Beneficiary Social Insurance

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 (Lump Sum) (payable to the surviving spouse of a deceased participant who has 1,200 hours prior to any Break in Service). The value of which is equal to 100% of the Commuted Value of the Participant's or former Participant's benefits accrued to the date of his death.

_____ Pre-Retirement Spouse's Survivor Monthly Benefit (payable for the life of the Surviving Spouse, the value of which is equal to 100% of the Commuted Value of the Participant's or former Participant's benefits accrued to the date of his death.)

_____ Portability Option (a Locked-in Retirement Account, or other retirement savings arrangement prescribed under the Applicable Pension Laws that is registered under the *Income Tax Act*) The value of which is equal to 100% of the Commuted Value of the Participant's or former Participant's benefits accrued to the date of his death.

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.

Death Certificate

Proof of Decedent's Birth
marriage

Verification of Divorce (if divorced at the time of death)

Beneficiary Proof of Birth

Marriage License or proof of common-law

Signature of Beneficiary

Date

Area Code – Telephone Number

E-Mail Address