

Bricklayers & Trowel Trades International Pension Fund

620 F Street NW # 700 • Washington DC 20004 • Toll Free: 1-888-880-8222 • Fax: 202-347-7339

Email: IPFpensionApplicantInfo@IPFweb.org

DEATH BENEFIT CLAIM FORM

Participant Information				
FULL NAME (FIRST, MIDDLE, LAST)	SS # (ATTACH PROOF)			
DATE OF BIRTH (ATTACH PROOF)	DATE OF DEATH (ATTACH PROOF)		MARITAL STATUS (ATTACH PROOF)	
ADDRESS				
CITY		STATE	ZIP _	
LAST EMPLOYER			DATE OF LAST EMPLOYMENT _	
LOCAL		IU#		
Claimant Information				
FULL NAME (FIRST, MIDDLE, LAST)	SS # (ATTACH PROOF)			
DATE OF BIRTH (ATTACH PROOF)	RELATIONSHIP TO PARTICIPANT			
ADDRESS				
CITY		STAT	E ZIP _	
PHONE	EMAIL			
PREFERRED METHOD OF COM	IMUNICATION (CHECK ONE)	☐ Email	U.S. Mail	
Type of Benefit				
LUMP-SUM DEATH BE of Future Service Credit.	ENEFIT. Payable to the beneficiary o	of a decease	d Participant who had	d one (1) or more years
been made on his account	ies before his Effective Date of Per subsequent to any Break in Servi se paid to his designated benefician	ce, a Death	Benefit equal to 100	% of the contributions
	Employee or Participant, or forme ployment, no death benefit shall be		or Participant, perfori	ms at least one hour of
	efit described above to which I may be sometimes international Pension Fund and whelefed and belief.	•		_
	CLAIMANT SIGNATURE			DATE