



Bricklayers & Trowel Trades International Pension Fund

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Email: IPFpensionApplicantInfo@IPFweb.org

SURVIVING SPOUSE 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 # _____

Applicant Information

FULL NAME (FIRST, MIDDLE, LAST) _____ SS # (ATTACH PROOF) _____

DATE OF BIRTH (ATTACH PROOF) _____ RELATIONSHIP TO PARTICIPANT _____ DATE OF MARRIAGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PREFERRED METHOD OF COMMUNICATION (CHECK ONE) Email U.S. Mail

Type of Benefit

SURVIVING SPOUSE PENSION. Payable to the spouse of a deceased Participant whose death occurs while vested.

The Surviving Spouse has the option of receiving the greater of (a) 100% of the contributions made on the Participant's account, or (b) the actuarial equivalent of the Joint and Survivor benefit. If either (a) or (b) exceed \$5,000, only the Joint and Survivor monthly benefit is payable.

If the Participant's death occurred before attainment of age 55, the Spouse shall be paid a survivor's benefit commencing with the month following the month in which the Participant would have reached age 55.

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.

APPLICANT SIGNATURE

DATE