



# Bricklayers Pension and Holiday Trust Funds Metropolitan Area

## PENSION TRUST FUND DATA FORM

(To be completed by all participants)

Participant's Name: \_\_\_\_\_  
(LAST) (FIRST)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

S. S. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

Marital Status: ☐ Married\* ☐ Single

Spouse's Name: \_\_\_\_\_ Spouse's S.S. Number: \_\_\_\_\_

### DEATH BENEFIT – BENEFICIARY DESIGNATION

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the Bricklayers Pension Trust Fund.

Note: If you are legally married at the time of your death Federal law and the Pension Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse. If you marry after designating anybody else as your primary, your legal spouse will automatically be substituted as your primary.

#### Beneficiary Designation

Primary Beneficiary \_\_\_\_\_

SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

In the event your Primary Beneficiary(ies) pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid in equal shares. If you choose not to provide a Contingent Beneficiary(ies), all benefits will be paid to one of the following classes of successive beneficiaries then Primary: a) spouse, b) minor children c) any beneficiary designated on forms supplied by the Detroit and Vicinity Trowel Trades Health and Welfare Fund, d) any beneficiary designated on forms supplied by the mortuary plan of the International Union of Bricklayers and Allied Craftworkers, AFL-CIO, e) adult children f) Estate of the deceased, but only if claim is made within five years of death and in EQUAL SHARES.

Contingent Beneficiary \_\_\_\_\_

SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

SS# \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage of Benefit \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

(You may attach additional paper if necessary—please ensure that you indicate “primary” or “contingent”)

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PO Box 4506  
Troy, MI 48099-4506  
Phone (248) 828-6000 Fax (248) 721-9678



## Bricklayers Pension and Holiday Trust Funds Metropolitan Area

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if **received** prior to my death.

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Spousal consent of alternate beneficiary designation as noted above:**

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through this Fringe Benefit Fund. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

**Spouse's**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Subscribed to and sworn to, before me, this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Signature \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

\*Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above form must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified on this form.