



# BRICK MASON'S TRUST FUNDS

Bricklayers and Allied Craftsmen Local No 11 Southern California  
P.O. Box 430 • West Covina, CA 91793  
877-516-0586 • Facsimile 626-931-1368  
[www.bac4cabenefits.org](http://www.bac4cabenefits.org)

## **BENEFICIARY PENSION APPLICATION**

1. Plan Participant's Name \_\_\_\_\_

2. Participant's Social Security No. \_\_\_\_\_ Date of Death \_\_\_\_\_

3. Beneficiary's Name \_\_\_\_\_

Relationship to Participant:  Spouse  Child  Parent  Sibling  Other

IF YOU ARE A SURVIVING CHILD OR SIBLING, A COPY OF YOUR BIRTH CERTIFICATE IS REQUIRED AND A COPY OF PARTICIPANT'S BIRTH CERTIFICATE IS REQUIRED. IF YOU ARE A SURVIVING SPOUSE, A COPY OF YOUR MARRIAGE CERTIFICATE IS REQUIRED, SURVIVING PARENT, COPY OF PARTICIPANT'S BIRTH CERTIFICATE IS REQUIRED.

Beneficiary Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

4. I would like pension monies distributed as follows: (Check One)

Lump Sum \_\_\_\_\_  Purchase of Annuity \_\_\_\_\_

Installments \_\_\_\_\_ How Much Per Month \_\_\_\_\_

Please complete the tax election form enclosed. We also require a certified copy of the death certificate. If you are the spouse, a copy of your marriage certificate is also required.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at \_\_\_\_\_ on \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Date

Signature \_\_\_\_\_

Notarized: \_\_\_\_\_

(Notary Stamp)