



BRICK MASONS TRUST FUNDS

Bricklayers and Allied Craftmen Local No 11 Southern California

P.O. Box 430 • West Covina, CA 91793

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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 PARTICIPANTS BIRTH CERTIFICATE IS REQUIRED. IF YOU ARE A SURVIVING SPOUSE, A COPY OF YOUR MARRIAGE CERTIFICATE IS REQUIRED, SURVIVING PARENT, COPY OF PARTICIPANTS 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)