

**BRICKLAYERS LOCAL UNION NO.1 OF KENTUCKY PENSION FUND
APPLICATION FOR DEATH BENEFITS**

Name of Deceased: _____

Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Cause of Death: _____

Date Last Worked: _____ Name of Last Employer: _____

Name of Beneficiary: _____

Beneficiary's Social Security Number: _____

Beneficiary's Address: _____

Street

City

State

Zip Code

Telephone Number: _____

Date of Birth: _____ Relationship to Participant: _____

CERTIFICATION

I hereby certify that all the information furnished by me on this form is to the best of my belief and knowledge, true and complete.

Signature of Participant

Date Signed

Please return this completed form and all required attachments (see below) to the attention of:

**The Board of Trustees
Bricklayers Local No.1 of Kentucky Pension Fund
6525 Centurion Drive, Lansing, Michigan 48917-9275.**

REQUIRED ATTACHMENTS

1. Member's Death Certificate
2. Spouse's Birth Certificate
3. Marriage Certificate or Licenses
4. All Judgments of Divorce, Separation Agreements and/or Qualified Domestic Relations Order(s) (including Property Settlement Agreements and any similar or related orders with any attachments) (If you provide a copy of the docket report for your divorce case(s), the review required by the Fund can be significantly expedited.)

EXPLANATION OF FORMS OF BENEFITS

This explanation is not a substitute for the detailed definitions and conditions set out in the Pension Plan itself. It is simply a summary of the forms of benefits available under the Plan. Please note that every optional form of benefit provided by this Pension Plan has an approximately equal value to the regular or normal form of benefit, life annuity.

50% SURVIVOR BENEFIT TO SPOUSE

This option will pay the spouse a monthly benefit in the amount of \$ _____ per month which is equal to the amount (s)he would have received had the member made application for the 50% Qualified Joint & Survivor Option.

I hereby elect to receive my pension benefits under the 50% Survivor Option.

Signature: _____

Date: _____

LUMP SUM OPTION

This option will pay the designated beneficiary a lump sum benefit of \$ _____, which is equal to 50% of the total employer contributions made on behalf of the member, with the maximum benefit of \$2,000.00.

I hereby elect to receive my pension benefits under the Lump Sum Option.

Signature: _____

Date: _____

ALL OF THE FORMS OF BENEFITS EXPLAINED ABOVE ARE SUBJECT TO THE PLAN'S SUSPENSION OF BENEFIT PROVISIONS, AS DESCRIBED IN THE SUMMARY PLAN DESCRIPTION.