

Union Membership History

List all of the Local Unions of the International Union of Bricklayers & Allied Craftworkers of which you have ever been a member.

Local Union #

Dates of Membership
From (Month/Year) To (Month/Year)

Designation of Beneficiary (ies)

This section is to be completed ONLY by those participants who have elected the Normal Form, 10 Year or 15 Year Guarantee or the Level Income Option.

I hereby revoke any previous designation of beneficiary and I hereby designate the following named beneficiary (ies) to receive the amount of pension benefits, if any, payable at my death, under the Rules and Regulations of the Pension Plan.

Primary Beneficiary

Name

Relationship

Address

Successor Beneficiary

(In the event of the death of the Primary beneficiary.)

Name

Relationship

Address

I reserve the right to revoke and change this designation at any time by giving written notice on the form prescribed by the Trustees of the Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan.

I do not wish to name any beneficiary (primary or successor) and all pension benefits payable upon my death will be paid to my estate.

Applicant's Declaration

I hereby apply for a pension from the Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan. The above statements are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for the denial, suspension or discontinuance of benefits under the Pension Plan and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Name of Witness (Please Print)

Signature of Applicant

Signature of Witness

Date

You will be notified in writing of the decision made by the Board of Trustees regarding your application or if any additional information is required.

Please return to:

FAS Benefit Administrators Ltd.

9th Floor, 9707 - 110 Street

Phone: (780) 452-5161

Edmonton, Alberta T5K 3T4

Toll Free:

1-800-770-2998