

**Change of Beneficiary** Bricklayers and Trowel Trades International Pension Fund—Canada

I hereby designate the following person/s as my Beneficiary to receive benefits, if any, payable at my death under the Rules and Regulations of the Bricklayers & Trowel Trades International Pension Fund.

Name of Beneficiary	Relationship to Employee		
(Last)	(First)	(Middle)	
(Last)	(First)	(Middle)	Relationship to Employee
Address of Beneficiary			
(Number)	(Street)		
(City or Town)	(Province)	(Postal Code)	

I understand that I may further change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Name of Employee	Area Code/ Phone Number	Local Union Number
Signature of Employee X	Social Insurance Number of Employee	
Name of Witness	Signature of Witness X	
Address of Witness	Date	