TRUST FOR THE
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS'®
PENSION BENEFIT FUND
900 Seventh Street, NW • Washington, DC 20001

Member Name _____

Claim Number _____

Card Number _____

As beneficiary of the above deceased member, the following must be completed. **Please print legibly.**

Beneficiary Name: _____

Social Insurance Number: _____

Relationship to Member: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____
(Street 1)

_____
(Street 2)

_____
(City & Province) (Postal Code)

_____ _____
Signature Date

If you would like the death benefit to be paid via direct deposit, please complete the below:

Inst. Number Branch Number

Account Number

Please attach a voided check if possible

If entitled to spousal pension, would you like your monthly payments sent to this account?

☐ Yes
☐ No

IBEW PBF
900 Seventh St. NW
Washington, DC 20001

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Fax (202) 728-6138
Pension@IBEW.org