

UFCW PENSION PLAN FOR EMPLOYEES

BENEFICIARY DESIGNATION FORM

PERSONAL INFORMATION

Name _____ Social Security No. _____

Address _____
(street) (city) (state) (zip code)

Sex: ____ F ____ M Date of Birth _____ Employing Body _____

Marital Status: _____ Married _____ Unmarried

If you name more than one person as Beneficiary, please indicate the percent of benefit to be paid to each. If listing more than two Primary Beneficiaries, please continue listing under the Contingent Beneficiary portion. **Percentages should equal 100%.**

Primary Beneficiary:

1. _____
Name Date of Birth Relationship Percent

_____ Social Security Number Address

2. _____
Name Date of Birth Relationship Percent

_____ Social Security Number Address

Contingent Beneficiary:

1. _____
Name Date of Birth Relationship Percent

_____ Social Security Number Address

2. _____
Name Date of Birth Relationship Percent

_____ Social Security Number Address

Participant's Signature **Date**

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public
My Commission Expires:

FOR UFCW BENEFITS USE ONLY

Received _____ Returned _____ Effective _____ Received By _____