

## UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION RETIREMENT PLAN FOR EMPLOYEES

**Participation Request and Authorization Withholding**

By completion and submission of this form, I hereby apply to the Pension Board of the UFCW Retirement Plan for Employees to become a Participant in the Plan.

I agree to be bound by the terms and provisions of the Plan as now constituted or as amended in the future.

NAME		LAST		FIRST		MIDDLE		S E X	( ) MALE ( ) FEMALE
EMPLOYING BODY (complete one)		LOCAL NO.	DC/U NO.		INTERNATIONAL ( ) Check if employed by the International.	DATE OF HIRE	MONTH	DATE	YEAR
DATE OF BIRTH	MONTH	DATE	YEAR	SOC. SEC. NO. OR SOC.INS.NO.		-		MARITAL STATUS	( )Single ( ) Married*

**If Married, Provide Spouse Information Requested Below:**

NAME		LAST		FIRST		MIDDLE		S E X	( ) MALE ( ) FEMALE
DATE OF BIRTH	MONTH	DATE	YEAR	SOC. SEC. NO. OR SOC.INS.NO.		-		DATE OF MARRIAGE	MONTH DAY YEAR

**AUTHORIZATION FOR WITHHOLDING**

I authorize my employer to withhold 4% of my gross earnings each month to satisfy the Plan's contribution requirements, with the understanding that these reductions shall be remitted to the pension fund as prescribed by the Plan.

I further authorize the Pension Board to refund any contributions or benefits that may become payable, as a result of my death, to the following designated beneficiary:

BENEFICIARY'S NAME	LAST		FIRST		MIDDLE		RELATIONSHIP
MAILING ADDRESS	STREET		CITY		STATE/PROVINCE		MAIL CODE

**CONTINGENT BENEFICIARY**

In the event that the primary beneficiary should predecease me, I wish my contingent beneficiary to be the following:

BENEFICIARY'S NAME	LAST		FIRST		MIDDLE		RELATIONSHIP
MAILING ADDRESS	STREET		CITY		STATE/PROVINCE		MAIL CODE

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ 20\_\_\_\_

<b>FOR PLAN USE ONLY</b>	RECEIVED	RETURNED	EFFECTIVE	E.D.P
	/ /	/ /	/ /	/ /

RETURN ALL COPIES TO THE PENSION BOARD  
United Food and Commercial Workers International Union  
1775 K Street, N.W. Washington D.C. 20006