

UNITED FOOD AND COMMERCIAL WORKERS UNION AND PARTICIPATING FOOD INDUSTRY EMPLOYERS TRI-STATE PENSION FUND

PENSIONER INFORMATION

(Below, please provide the information of the pensioner.)

1

Last Name	First Name	Middle In.	Last 4 of SSN:	Phone # - <input type="checkbox"/> Home <input type="checkbox"/> Cell
<input type="checkbox"/> Check this box ONLY IF the address provided below is a change in your mailing address.				
House No.	Street	City	State	Zip

SPOUSAL INFORMATION

(Below, please provide your spouse's information. **If your spouse has predeceased you**, also provide their date of passing. **If you were never married or are divorced**, do not complete this section.)

2

Last Name	First Name	Middle In.	Last 4 of SSN:
Date of Birth	Date of Death (If applicable)	Maiden Name (If applicable)	

NEXT OF KIN INFORMATION

(Below, please provide the information of your next of kin. **It cannot be your spouse**. This information is necessary only in the event of your passing.)

3

Last Name	First Name	Middle In.	Relationship	Phone # - <input type="checkbox"/> Home <input type="checkbox"/> Cell
House No.	Street	City	State	Zip

PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE

4

I hereby confirm that the statements made above are true and correct, that I am alive and that I or my power of attorney will advise the Fund Office of any changes to this information.

NOTE: Do not sign until you are in the presence of a Notary Public.

_____ Date _____ Signature of Participant

If someone other than the participant will be signing the forms, all Power of Attorney, Guardianship and supporting documentation must be submitted to the Fund Office. If the participant is unable to complete this document on his/her own, a Power of Attorney or Guardian may complete the form on the participant's behalf and sign below attesting that the participant is alive.

NOTE: Do not sign until you are in the presence of a Notary Public.

_____ Date _____ Signature of Power of Attorney or Guardian

XX

REQUIRED NOTARY SIGNATURE **FOR ALL SIGNATURES****** (or Proof of Social Security Payments)

STATE OF _____)
) ss.
 COUNTY OF _____)

The undersigned Notary Public certifies that _____, personally known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person, and acknowledged the signature and delivery of this instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Dated: _____ _____ Notary Public
 My Commission expires: _____ _____ Print Name of Notary

Instruction Sheet

****THIS FORM MUST BE NOTARIZED or Proof of Social Security Payments****

1. Under the “Pensioner Information” section, please complete the boxes with your name, last four of your social security number, your current phone number, and current address.
 - a. Only mark the check box if you are submitting a change in your mailing address.
 - b. If you are the Surviving Spouse of a member and collecting a Joint & Survivor pension, please complete your information under this section. The deceased pensioner’s information will go under the “Spousal Information Section”.

2. Under the “Spousal Information” section, please complete the boxes with your current spouse’s name, last four of their social security number, and their date of birth. Please list your spouse’s maiden name if applicable.
 - a. If your spouse has pre-deceased you, please provide his/her information and his/her date of passing.
 - b. If you are currently divorced or were never married, please skip this section.
 - c. If you are the Surviving Spouse of a participant and collecting a Joint & Survivor pension, please list your deceased spouse’s name and date of death in the applicable boxes.

3. Under the “Next of Kin Information” section, please list your next of kin’s information in the boxes. This is not a beneficiary to your pension and the information is necessary in the event of your passing. The Fund will only contact this person in regards to any information required when you pass.
 - a. If you are married, please list **someone other than** your spouse as your next of kin.
 - b. If you have a Power of Attorney or Legal Guardian, that person should be listed as the next of kin.

4. Under the “Participant Acknowledgement and Signature” section, this must be signed by the participant who is currently collecting the pension benefits. **This signature is required to be signed in front of a notary public, or you must provide proof of receiving Social Security Benefits.** Please check at your local bank for free notary public or please visit the Tri-State Pension Fund Office.
 - a. If you are unable to sign, and your Power of Attorney or Legal Guardian will sign on your behalf, all supporting documentation must be submitted to the Fund Office.

****THIS FORM MUST BE NOTARIZED****

Please Return Completed Form to:

Tri-State Pension Fund

3031B Walton Road

Plymouth Meeting, PA 19462