

**United Food and Commercial Workers Unions
and Participating Employers
Pension Fund**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

CHANGE IN BENEFICIARY FORM

Complete **BOTH SIDES** of this form if you want to change your beneficiary designation for purposes of the Death Benefit payable under the Plan and/or the Five-Year Certain payments that may be part of your Pension. If you were married on the date that your Pension benefit commenced, the person who was your spouse on that date must complete the Spouse's Statement in Part B unless you have a Qualified Domestic Relations Order or your spouse is deceased. If your spouse does not complete the spousal waiver portion of this form, the change in beneficiary will only be effective for the Death Benefit under the Plan.

PART A **BENEFICIARY DESIGNATION**

Name of Participant: _____

Social Security Number: _____

I hereby designate the following individual(s) as my beneficiary(ies) under the Pension Plan for the indicated benefit(s) and revoke my prior designations. I understand that, if I was married at the time of my retirement, my spouse must consent to my change of beneficiary for the Five-Year Certain benefit on this form.

BENEFIT FORM: _____ FIVE-YEAR CERTAIN BENEFIT (complete #1)
(select one or both) _____ DEATH BENEFIT (complete #2)

1. FIVE-YEAR CERTAIN BENEFIT

- a. Primary Beneficiary
 - i. Name: _____
 - ii. Full Address: _____
 - _____
 - iii. Birthdate: _____ Relationship: _____
 - iv. SSN: _____ Phone number: _____
- b. Alternate Beneficiary (MUST BE DIFFERENT FROM PRIMARY – WILL APPLY IF PRIMARY BENEFICIARY IS DECEASED)
 - i. Name: _____
 - ii. Full Address: _____
 - _____
 - iii. Birthdate: _____ Relationship: _____
 - iv. SSN: _____ Phone number: _____

2. DEATH BENEFIT

- a. Primary Beneficiary
 - i. Name: _____
 - ii. Full Address: _____
 - _____
 - iii. Birthdate: _____ Relationship: _____
 - iv. SSN: _____ Phone number: _____
- b. Alternate Beneficiary (MUST BE DIFFERENT FROM PRIMARY)
 - i. Name: _____
 - ii. Full Address: _____
 - _____
 - iii. Birthdate: _____ Relationship: _____
 - iv. SSN: _____ Phone number: _____

PARTICIPANT'S STATEMENT

(Check only one)

I understand that if I am married at the time I begin receiving my pension under the Plan, my spouse will be my beneficiary for the Five-Year Certain benefit payable after my death, if any, unless my spouse consents to the designation of a different beneficiary for this benefit.

(Check the appropriate box below).

- _____ I have never been legally married.
- _____ I am legally separated from my spouse (attach a copy of the Separation decree or other document establishing your legal separation).
- _____ I am divorced (attach a copy of divorce decree).
- _____ I am unable to locate my spouse (the Fund office will contact you to obtain additional information).
- _____ I am a widow/widower (attach a copy of any death certificate).
- _____ I am married and I elect to change my beneficiary with respect to the Five-Year Certain benefit payable upon my death, if any. I understand that this change will not be effective for the Five-Year Certain benefit payable upon my death, if any, without the written and notarized consent of my spouse. I hereby certify that the person co-signing this document below was my legal spouse as of the date that my pension benefit commenced.

Participant's signature _____ Date

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

Notary Public _____ Date Commission Expires

PART B

SPOUSE'S STATEMENT

I hereby consent to my spouse's designation of the beneficiary listed above. I understand that as a result of this designation, if any part of the Five-Year Certain benefit remains at my spouse's death, it will be paid to the newly named beneficiary. I also recognize that if my spouse elected a Joint and Survivor Option at the time of retirement, payment to me will commence upon the expiration of the Five-Year Certain benefit. I understand that my spouse's change in beneficiary will not be effective unless I consent to it in writing.

Spouse's Signature _____ Date

Participant's signature _____ Date

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

Notary Public _____ Date Commission Expires