UNITED FOOD AND COMMERCIAL WORKERS UNION
LOCAL 152 PENSION DEPARTMENT

Daniel Ross, Jr., Chairman
Daniel Dosenbach, Secretary
27 Roland Avenue, Suite 100, Mount Laurel, NJ 08054
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(856) 793-1598 (TTY:711) ● (800) 555-4959 (TTY:711) -Option 6

PARTICIPANT INFORMATION UPDATE FORM

Please Print all Information Below

PENSION FUND (select the Fund you participate in): ( ) Retail Meat ( ) Independent Packing

PARTICIPANT INFORMATION:

Name: _____ Social Security No: _____

Date of Birth: _____ Telephone No: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Date of Hire: _____

Marital Status: ( ) Single ( ) Married ( ) Widow ( ) Divorced

SPOUSE INFORMATION (if applicable):

Name: _____ Soc Sec No: _____

Date of Birth: _____

AUTHORIZATION:

By signing below, I hereby authorize and grant permission to update my Information as provided on this form. I also authorize the Pension Department to obtain necessary information from the Health & Welfare Department, if necessary.

Participant Signature: _____ Date: _____