

UFCW TRI-STATE PENSION FUND
27 ROLAND AVENUE, SUITE 100
MT. LAUREL, NJ 08054
(1-800-228-7484)

BENEFICIARY DESIGNATION

Pensioner's Name: _____ SS#: _____

Address: _____
City State Zip Code

I hereby designate as my primary beneficiary for the Death Benefit under the Plan:

Name: _____ Relationship: _____

Address: _____
City State Zip Code

Social Security # _____

In the event the primary beneficiary predeceases me, I designate as a contingent beneficiary:

Name: _____ Relationship: _____

Address: _____
City State Zip Code

Social Security # _____

Name: _____ Relationship: _____

Address: _____
City State Zip Code

Social Security # _____

Date

Signature