

Instruction Sheet

THIS FORM MUST BE NOTARIZED

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 “Emergency Contact” section, please list your contact’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 emergency contact.
 - b. If you have a Power of Attorney or Legal Guardian, that person should be listed as the emergency contact.

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**. Please check your local bank for free notary public or make an appointment with the Fund office. **If you are providing proof of Social Security Administration payment, a notary signature is not required.**
 - 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.

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Please Return Completed Form to:

UFCW 1776 Pension Fund
3031B Walton Road
Plymouth Meeting, PA 19462

Return by October 24, 2025