

UNITED FOOD AND COMMERCIAL WORKERS
UNION LOCAL 655 FOOD EMPLOYERS
JOINT PENSION PLAN

INFORMATION CHANGE FORM	
NAME	
SOCIAL SECURITY # (last 4 digits)	XXX-XX-
NEW ADDRESS	
CITY	
STATE	
ZIP	
PHONE NUMBER	
Email Address	
SPOUSE'S NAME (if applicable)	
SPOUSE'S DATE OF BIRTH (if applicable)	
OTHER INFORMATION OR CHANGES (i.e., wrong date of birth on record)	

Signature: _____

Date: _____

SUBMIT FORM TO: UFCW Local 655 Pension Fund
 300 Weidman Road
 Ballwin, MO 63011

FAX: (636) 394-5006

EMAIL: Pension@ufcw655.org