

# UFCW Local 1776 & Participating Employers Pension Fund

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Wendell W. Young, IV  
Chairman

Dewey Cannella  
Secretary

## Request for Pension Application

\_\_\_\_\_  
(Date of Request)

I, \_\_\_\_\_, request an Application for Pension benefits  
(Participant's Name)  
beginning \_\_\_\_\_.  
(Date)

Participant's SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Last Day of Employment: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Manager's Signature

\_\_\_\_\_  
Date

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Please return this form to the Fund office by fax to (610) 941-5325 or by mail to:

UFCW Local 1776 and Participating Employers Pension Fund  
3031 B Walton Road  
Plymouth Meeting, PA 19462