

INFORMATION CHANGE FORM	
NAME	
SOCIAL SECURITY #	
NEW ADDRESS	
CITY	
STATE	
ZIP	
PHONE NUMBER	
SPOUSE'S NAME	
SPOUSE'S DATE OF BIRTH	

SUBMIT FORM TO: United Food and Commercial Workers Union Local 655
 Food Employers Joint Pension Plan
 300 Weidman Road
 Ballwin, MO 63011

FAX: (636) 394-5006

EMAIL: dframe@ufcw655.org
kathy@ufcw655.org

Please only complete the sections that need to be updated.

Thank you.