

NOTIFICATION OF CONTINUED EXISTENCE FOR YEAR ENDING 2009

UFCW LOCAL 655 FOOD EMPLOYERS JOINT PENSION PLAN, 300 WEIDMAN ROAD, BALLWIN, MO 63011

(636) 394-6500 OR (636) 736-2777 TOLL FREE IN MISSOURI & ILLINOIS 1-800-392-6550

WHO MUST COMPLETE THIS FORM? Everyone receiving a monthly benefit from the UFCW Local 655 Food Employers Joint Pension Plan.

WHEN IS THIS FORM DUE? This form must be **completed, signed, notarized** and return to this office by 12/14/2009 (use enclosed envelope).

WHAT WILL HAPPEN IF I DO NOT RETURN THIS FORM? Failure to complete and return this form **will stop** you from receiving future benefits effective January 1, 2010. If you have direct deposit, this will stop until this form is return, the direct deposit will resume the first of the month following receipt of this form.

WHERE MUST I RETURN THIS FORM? You may use the enclosed envelope or mail to the address above.

WHY MUST I COMPLETE THIS FORM? According to the Plan Document Section 6.14 Notification of Continued Existence. 'Each Pensioner, Beneficiary or disabled Employee receiving monthly Pension benefits hereunder shall submit from time to time, on request of the Trustees, a sworn statement of his existence including a statement that he has not engaged in Disqualified Employment. If such statement is not submitted within 60 days after a receipt is mailed to the last address of the Pensioner, Beneficiary or disabled Employee appearing on the records of the Trustees, all future Pension benefits will be terminated until such statement is submitted and approved by the Trustees. Each Pensioner receiving a Disability Pension shall submit, from time to time, on request of the Trustees, satisfactory evidence of his continued total and permanent disability.'

Please complete the reverse side if you have a new address or you want to make a change to your federal taxes.

NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH	PHONE NUMBER
ARE YOU THE RETIREE or SPOUSE/BENEFICIARY? (CIRCLE ONE)	DO YOU REGULARLY RECEIVE YOUR PENSION CHECK? <input type="checkbox"/> MAIL <input type="checkbox"/> DIRECT DEPOSIT
If receiving your pension check by mail you must endorse these checks yourself. <i>If interested</i> in having your check direct deposit calls the Fund Office for a form.	
DO YOU WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give place of employment
Number of hours worked per week	Job description

SIGNATURE	DATE
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TO BE COMPLETED BY A NOTARY PUBLIC

State of _____)
 _____) SS
 County of _____)

Personally came before me this _____ day of _____, _____, the above named _____, to me known to be the person who executed the foregoing and acknowledged the same.

 Notary Public **OR** Plan Representative

My commission expires _____.

***** ONLY COMPLETE THIS SIDE IF YOU HAVE AN ADDRESS CHANGE *****

OR

YOU ARE CHANGING YOUR FEDERAL TAX WITHHOLDING

COMPLETE ONLY IF YOUR ADDRESS HAS CHANGED	STREET ADDRESS
CITY/STATE	ZIP CODE

FEDERAL TAX INFORMATION - Please check which applies to you.

Start Withholding	Stop Withholding	Increase Amount	Decrease Amount
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Enter the **total** amount to be withheld *if DIFFERENT* from last year \$ _____

COMPLETE THE W-4P ON THE BOTTOM OF THIS FORM ONLY IF YOU ARE MAKING A CHANGE IN YOUR FEDERAL TAX WITHHOLDING. THIS CHANGE WILL BE EFFECTIVE THE FIRST OF THE MONTH FOLLOWING THE DATE THE FUND OFFICE RECEIVES THIS FORM.

You may have the computer calculate the amount by checking under item 2 of the W-4P below your marital status and number of dependants to claim. *Any monthly amount under \$540 the computer will **not** calculate an amount*

OR

You can specify a dollar amount *or* a percentage.

**You should consult a tax advisor if you are not sure what to do for federal tax withholding.
At this time the Fund DOES NOT withhold State Taxes.**

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments	OMB No. 1545-0415 2010
Type or print your full name X	Your Social Security Number X - -	
Home address (number and street or rural route)	Claim or identification number (if any) of your pension or annuity contract	
City or town, state, and ZIP code		
Complete the following applicable lines: 1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3) <input type="checkbox"/> 2. I want my withholding from each periodic pension or annuity payment to be figured using the number or allowances and Marital status shown. (You may also designate a dollar amount on line 3.) _____ % Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate PERCENTAGE 3. I want the following additional amount withheld from each pension or annuity payment. Note: For periodic payments you cannot enter an amount here without entering the number (including zero) of allowances on line 2 . . . X \$ _____ (TOTAL AMOUNT TO BE WITHHELD)		
X Your signature -	X Date -	