



FOOD EMPLOYERS AND TEAMSTERS LOCAL 463

RETIREMENT SAVINGS PLAN

P.O. BOX 39 • COLLINGSWOOD, NJ 08108

CENSUS/BENEFICIARY CARD

MEMBER INFORMATION

NAME: _____ LOCAL UNION #: _____
FIRST M.I. LAST

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: CHECK ONE M F

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

ADDRESS: _____

PHONE #: _____ EMAIL: _____

CURRENT EMPLOYER: _____

HIRE DATE: _____

SPOUSE INFORMATION

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ PHONE #: _____

MEMBER'S DEATH BENEFIT BENEFICIARY

NAME OF BENEFICIARY: _____

RELATIONSHIP TO MEMBER: _____

ADDRESS OF BENEFICIARY: _____

BY SIGNING BELOW, I REVOKE ANY PREVIOUS BENEFICIARY DESIGNATION. I ALSO RESERVE THE RIGHT TO CHANGE THIS BENEFICIARY DESIGNATION AND I CERTIFY THAT THE INFORMATION CONTAINED ABOVE IS CORRECT AND ACCURATE.

MEMBER'S SIGNATURE: _____ DATE: _____

463.ASP-BENEFITS.COM

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