

# UNITED FOOD AND COMMERCIAL WORKERS UNION AND PARTICIPATING FOOD INDUSTRY EMPLOYERS TRI-STATE PENSION FUND

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April 28, 2023

Dear Participant,

We hope you are well and are enjoying your retirement. In accordance with Plan rules, we need to confirm your address and that you are receiving retirement or surviving spouse benefits from the UFCW Union and Participating Food Employers Tri-State Pension Fund. You may satisfy these requirements by completing and returning the enclosed letter to the Fund Office at the address set forth at the top of this letter or in the enclosed envelope.

**Please use the instruction sheet to guide you in the completion of the form.** You, a Power of Attorney, Guardian, or other court appointed designee may assist you and sign the form if you are unable to do so. If someone other than you will be signing these forms on your behalf, all Power of Attorney, Guardianship and supporting documentation must be submitted to the Fund Office. The enclosed form must be notarized, or **you may attach a current copy of the direct deposit of your Social Security Administration payment.** A blacked out or redacted bank statement is acceptable.

**If we do not receive a completed and signed copy of the attached confirmation within 60 days of the date of this letter, your benefits will cease.** However, we will reinstate the benefits once we receive confirmation. If you have any questions, you (or your Power of Attorney, Guardian, or other court appointed designee) may contact the Fund Office at 610-941-4282, Monday through Friday, 8:00 am to 5:00 pm.

Thank you in advance for your cooperation.

Very truly yours,  
The Fund Office