

# BENEFICIARY CARD

United Food and Commercial Workers Local 1059  
4150 E. Main St., Columbus, Ohio 43213  
(614) 237-7671 or (800) 282-6488

**TO BE COMPLETED BY EMPLOYEE** (PLEASE PRINT)

YOUR NAME \_\_\_\_\_ SEX \_\_\_\_\_ HIRE DATE \_\_\_\_\_  
LAST FIRST MIDDLE MO DAY YEAR

YOUR ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

SOC. SEC. NUMBER -- PHONE NUMBER \_\_\_\_\_

COMPANY LOCATION (City) \_\_\_\_\_ STORE NUMBER \_\_\_\_\_

IN CASE OF DEATH, BENEFICIARY \_\_\_\_\_  
LAST FIRST MIDDLE RELATIONSHIP

BENEFICIARY ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

BENEFICIARY PHONE NUMBER \_\_\_\_\_

\*\*\* IMPORTANT, SIGN CARD ON OTHER SIDE \*\*\*



**OTHER REQUIRED INFORMATION**

Spouse/Dependent employed by \_\_\_\_\_  
(PLACE, NAME AND ADDRESS ABOVE)

**CONTINGENT BENEFICIARY** \_\_\_\_\_  
LAST FIRST MIDDLE RELATIONSHIP

**CONTINGENT BENEFICIARY ADDRESS** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**CONTINGENT BENEFICIARY PHONE NUMBER** \_\_\_\_\_



\_\_\_\_\_  
employee's signature

\_\_\_\_\_  
date