

**FOOD & BEVERAGE WORKERS UNION LOCAL 23  
& EMPLOYERS PENSION FUND  
7130 Columbia Gateway Drive, Suite A  
Columbia, MD 21046  
(410) 872-9500**

Dear Retiree:

In the event of your death, we would like to be able to locate either your next of kin or someone who will be responsible for your final affairs so that we can obtain a copy of the death certificate and pay any outstanding benefits.

Please take the time to complete the bottom portion of this form and return it to the Fund Office. We will hold this information in your file and it will not be used for any other purpose than those listed above.

Thank you in advance for your cooperation. If you have any questions, please contact the Fund Office.

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**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
**(Your Name)**

\_\_\_\_\_  
**(Your Social Security)**

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\_\_\_\_\_  
**(Name of Next of Kin or Person Responsible for Your Affairs)**

\_\_\_\_\_  
**(Relationship to You)**

\_\_\_\_\_  
**(Street Address)**

\_\_\_\_\_  
**(City/State/Zip)**

\_\_\_\_\_  
**(Phone Number)**

\_\_\_\_\_  
**(Social Security Number)**

\_\_\_\_\_  
**(Date of Birth)**