

PLEASE COMPLETE AND RETURN TO:  
UFCW and FELRA Severance Fund  
911 Ridgebrook Road  
Sparks, MD 21152-9451

**SEVERANCE BENEFICIARY  
REGISTRATION CARD**

PLEASE PRINT ONLY

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Date of Hire \_\_\_\_\_ Local Union No. \_\_\_\_\_

Death Benefits To Be Paid To \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary's SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_



IF MORE THAN ONE PRIMARY BENEFICIARY, LIST BELOW

Death Benefits  
To Be Paid To \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary's SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Beneficiary's  
Address \_\_\_\_\_

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Upon the death of an active Participant on or after September 28, 2008, the Fund will pay the Death Benefit to the Participant's Beneficiary. The Death Benefit will be payable no earlier than 4 months after the Participant's death and no later than the latest of: (1) the last day of the calendar year in which the 4-month waiting period expires; or (2) the 15th day of the third calendar month following the expiration of the 4-month waiting period. **A beneficiary's right to receive a Death Benefit under the Plan will be forfeited if the Benefit is not paid by the latest date described above.**