

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

**Termination Form  
(THIS FORM IS ONLY NEEDED FOR TERMINATION OF EMPLOYMENT  
BENEFITS)**

Dear Participant:

Please be advised that the Fund office requires that you have this form completed by your Manager. This form is to insure the accuracy of your termination. In order to collect your benefit, you must terminate your employment. **You may also send a termination letter from your employer or a resignation letter indicating your last day worked.**

In order to ensure the prompt processing of your pension benefit, please return all of the enclosed forms together in the envelope provided. If you mail them separately, it may cause a delay in the processing.

Should you have any questions, feel free to contact the Fund Office.

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**Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Last Day of Work**  
**(Not including vacation)** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_

**Site Manager's Signature** \_\_\_\_\_