

**United Food & Commercial Workers Union Local #789 and  
St. Paul Food Employers Defined Contribution Plan**

**Participant Data Change Form  
Address/Date of Birth**

Name \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
M D Year

Address \_\_\_\_\_ (Please attach a copy of your birth  
certificate with this form)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Please mail this form to:

United Food & Commercial Workers Union Local #789  
and St. Paul Food Employers Defined Contribution Plan  
Attn: Ann Marie  
3001 Metro Drive Suite 500  
Bloomington MN 55425