



MINNESOTA BAKERS UNION PENSION FUND

Phone: 651-686-0656 Fax: 651-686-0513

Employee's Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Company Name: Lund Food Holdings, Inc.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Gender: Male Female Marital Status: Married Single

Date of (Re)Hire: _____ Employment Status: Full-time Part-time

Spouse's Name: _____ Spouse's Date of Birth: _____

Previous employment in baking industry, Local 22, including previous employment with this company (use reverse side for more space):

EMPLOYER	DATE HIRED	DATE SEPARATED
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify and affirm that the information contained herein is true and correct to the best of my knowledge and belief. I agree to and permit the Trustees of the Minnesota Bakers Union Pension Fund to verify and request any proof of any information contained herein at its discretion.

Employee's Signature

Date Signed