

RETURN TO: UNITED INDUSTRIAL WORKERS PENSION PLAN
5201 Capital Gateway Drive, Camp Springs, MD 20746 • (301) 899-0675 • Fax (301) 702-6074

AUTHORIZATION TO CHANGE ADDRESS

In order to have your address changed on the records of the United Industrial Workers Pension Plan, you or your legal representative must complete this form and return it to the address indicated above. An un-notarized written request is not acceptable authorization for the Plan Office to change your address.

Pensioner's Name: _____ SS#: _____

OLD Home Address: _____

City: _____ State _____ Zip Code: _____

PHONE NUMBER: _____

I understand that the new address indicated below will be used to send me pension benefit payments and other associated information. I authorize the United Industrial Workers Pension Plan to change my home address to the new one indicated effective:

() Immediately OR () As of this date: _____

NEW Home Address: _____

City: _____ State _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

REQUIRED SIGNATURES: NOTARY PUBLIC OR SIGNATURE OF PLAN REPRESENTATIVE

SIGNATURE OF PENSIONER (OR POWER OF
ATTORNEY OR COURT APPOINTED REPRESENTATIVE*)

DATE

PLAN REPRESENTATIVE

DATE

*Legal Order must be attached or on file in the Plan Office

NOTARY PUBLIC:

Subscribed before me this _____ day of _____ 20_____

Notary Signature

Notary Public

My Commission Expires _____

IF COMPLETED FORM IS RECEIVED IN THE PLAN OFFICE AFTER THE 19TH OF THE MONTH, YOUR REQUEST WILL NOT BECOME EFFECTIVE UNTIL THE FOLLOWING MONTH FOLLOWING RECEIPT OF THE REQUEST.