

ADDRESS CHANGE NOTICE

U Retirees must keep The Trust informed of any address changes **to remain qualified for payments** and to receive information about benefits.

U If you move or have your address changed, please complete this form and return it to The Trust

Name:
Social Security #:
Old Address:
New Address:
Phone #:

Retiree's Signature*

*Address change is not valid unless *the retiree signs it personally*.

THANK YOU FOR UPDATING YOUR ADDRESS.