

Alaska Plumbing and Pipefitting Industry Pension Fund U.A. Locals No. 375 and 367 Supplemental Pension Trust

ADDRESS AUTHORIZATION AND CHANGE FORM

Date: _____

Member Name: _____

Social Security Number: _____

New Address: _____

Email Address: _____

Phone Number: _____

TO BE COMPLETED BY THE MEMBER OR POA:

It is necessary for us to have your authorization to change your address. Please sign, date and return this notice in the envelope provided. If you have any questions, please contact our office.

I hereby give authorization to have my mailing address changed to the address above.

This change is to be effective on _____.

Member/POA Signature

Date