



WASHINGTON STATE PLUMBING AND PIPEFITTING INDUSTRY PENSION PLAN



ADDRESS VERIFICATION CHANGE FORM

Date _____

To have verification of your requested address change on file, please complete the information below and send this form back to the Administrative Office. The address change will not take place until the form has been returned with your authorization, in writing along with your signature.

I, _____, authorize the Administrative Office to make
(Please Print Name)

the following change effective as of _____.
(Date of Change)

My Old Address:

My Current Address:

Telephone Number

Last 4 Digits - Social Security Number

Email Address

All correspondence will be sent to the address listed above as of the effective date listed

Participant Signature