

Oregon Printing Industry Pension Plan

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 at **(503) 222-7694** or toll free **(800) 413-4928 ext. 1122**.

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

TO BE COMPLETED BY THE ADMINISTRATOR:

The above address change was entered by:

Name _____
Date

Administered by BeneSys, Inc.

PMB#116, 5331 S Macadam Ave, Suite 258, Portland, OR 97239

(503) 224-0048 (800) 547-4457 Fax (503) 228-0149