



# 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