

Local 813 Insurance and Pension Trust Funds Local 27 Pension Trust Fund Local 1034 Pension Fund Nurses and Local 813 IBT Retirement Fund Local 813 Savings and Thrift Trust Fund

48-18 Van Dam Street, Suite 201, Long Island City, NY 11101-3107 •(718) 937-7150 •Fax: (718) 937-7552

PENSIONER'S CHANGE OF ADDRESS FORM

Date: So	cial Security #:	
Last Name:		
First Name:		
New Address:		
Telephone #:		
Effective Date of Change of Address:		
Pensioner's Signature:		
-		
Notary Public (This Form Must Be Sign	ed and Notarized)	
Subscribed and sworn to before me this	day of	,20
Notary Public Signature	Commission Expires: (Seal)	
To ensure continuity of benefits, the comple		Fund Office. (Not the Bar

To ensure continuity of benefits, the completed form must be returned to the Fund Office. (Not the Bank): Mail to: Trust Fund Office 48-18 Van Dam Street Suite 201 Long Island City NY 11101