

ILWU-PMA BENEFIT PLANS ♦ 1188 FRANKLIN STREET, 3RD FLOOR ♦ SAN FRANCISCO, CA 94109
(415) 673-8500

ILWU-PMA Pension Plan ♦ ILWU-PMA Welfare Plan
ILWU-PMA Watchmen Pension Plan ♦ ILWU Alaska Pension Plan

PENSIONER REQUEST FOR CHANGE OF ADDRESS

This form **MUST** be signed by the pensioner or survivor pensioner or by his/her authorized representative. If this form is signed by an authorized representative, documentation acceptable to the Trustees must be on file with the Benefit Plans office or must accompany this form. If appropriate document has not previously been furnished to the Plan office, please attach document to this form.

Name _____ Local _____ Reg. No. _____

Residence Address _____
No. _____ Street _____

City _____ State _____ Zip Code _____ Country _____

Mailing Address _____
No. _____ Street _____

City _____ State _____ Zip Code _____ Country _____

Effective Date of Change _____

Previous Address _____
No. _____ Street _____

City _____ State _____ Zip Code _____ Country _____

Telephone No. () _____

_____ Date

_____ Signature of Pensioner

or

_____ Signature of Pensioner's
Authorized Representative

IF YOU WISH TO HAVE YOUR MONTHLY PENSION CHECK ELECTRONICALLY DEPOSITED TO YOUR FINANCIAL INSTITUTION, PLEASE CONTACT YOUR LOCAL OR THE PLAN OFFICE FOR AN ELECTRONIC FUND TRANSFER AUTHORIZATION.

RETURN FORM TO: ILWU-PMA Benefit Plans
1188 Franklin Street, 3rd Floor
San Francisco, CA 94109

FOR BENEFIT PLANS OFFICE USE ONLY:

<input type="checkbox"/> Home	<input type="checkbox"/> Foreign
<input type="checkbox"/> P O A	<input type="checkbox"/> Guardian/Conservator