

UFCW Local 1776 & Participating Employers Pension Fund

Wendell W. Young, IV
Chairman

Dewey Cannella
Secretary

Date: _____

RE: Request for Change of Address

Dear Participant:

The UFCW Local 1776 and Participating Employers Pension Fund requires that participants make changes of address in writing. The Fund Office will not change the address of a Pension file without the signature of that participant.

Therefore, please complete this form in its entirety and mail it back to the Fund Office in the enclosed envelope as soon as possible to ensure that the change is made in a timely fashion.

NAME OF PARTICIPANT: _____

SS# _____

OLD ADDRESS: _____

NEW ADDRESS: _____

*New Phone

Number (if applicable):

EFFECTIVE DATE OF ADDRESS CHANGE: _____

SIGNATURE OF PARTICIPANT: _____

Sincerely,

Fund Office