

**UNITED FOOD AND COMMERCIAL WORKERS UNION
AND PARTICIPATING FOOD INDUSTRY EMPLOYERS
TRI-STATE PENSION FUND**

3031 B. WALTON ROAD
PLYMOUTH MEETING, PA 19462

(866) 928-8329 • (610) 941-4282

Fax (610) 941-9347

Email: tsfund@ufcwtristatepensionfund.org

Date: _____

RE: Request for Change of Address

Dear Participant:

Participants must make all changes of address in writing. The Fund Office will not change the address in a Pension file without the signature of that participant.

Please complete this form in its entirety and mail it back to the Fund Office in the enclosed self-addressed 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