

ILWU-PMA BENEFIT PLANS ♦ 1188 FRANKLIN STREET, SUITE 300 ♦ SAN FRANCISCO, CA 94109  
(415) 673-8500

ILWU-PMA Pension Plan ♦ ILWU-PMA Welfare Plan ♦ ILWU-PMA Watchmen 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, Suite 300  
San Francisco, CA 94109

### FOR BENEFIT PLANS USE ONLY:

MRR:	ACTIVITY STATUS:	HOME <input type="checkbox"/> MAILING <input type="checkbox"/> FOREIGN <input type="checkbox"/>	SOURCE - L
PAYMENT TYPE:	CC:	WELF LOC:	CEX: /
ENTERED IN PEN PAY:	/	HMS: /	DENTAL: /
		MRR CYCLE:	SR. ADVANTAGE: YES <input type="checkbox"/> NO <input type="checkbox"/>
		CERT/ENT BY: /	APPROV: /