



**Local 1034 Pension Fund
 Local 27 Pension Trust Fund
 Local 813 Pension Trust Fund
 Local 813 and Local 1034 Severance and Retirement Fund**

45-18 Court Square, Suite 600, Long Island City, NY 11101-4347 • (718)937-7150 • Fax (718)937-7552

PENSIONERS CHANGE OF ADDRESS FORM

Date: _____ Social Security No: _____ - _____ - _____

Last Name: _____

First Name: _____

New Address: _____

Telephone No: _____

Effective Date of Change of Address: _____

Your Signature

NOTARY PUBLIC *(This Form Must Be Signed and Notarized)*

Subscribed and sworn to before me this _____ day of _____, 20__

 Notary Public Signature

Commission Expires: _____
 (seal)

To avoid interruption of benefits, the completed form must be returned to the Fund Office (NOT the bank):

Local 813/27/1034 Pension Funds
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 Long Island City, N.Y. 11101-4347