



Graphic Communications Conference of the  
International Brotherhood of Teamsters

**NATIONAL PENSION FUND**    
455 Kehoe Boulevard, Suite 101, Carol Stream, IL 60188

## CHANGE OF ADDRESS FORM

Name of Participant/Beneficiary: \_\_\_\_\_

Old Address: \_\_\_\_\_

Old City: \_\_\_\_\_ Old State: \_\_\_\_\_ Old Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

New Address: \_\_\_\_\_

New City: \_\_\_\_\_ New State: \_\_\_\_\_ New Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Participant/Beneficiary Authorization

I hereby authorize the Fund Office to change my address information as set forth above.

\_\_\_\_\_  
Participant/Beneficiary Signature Date



**!!! IMPORTANT !!!**

**FOR PRIVACY AND FRAUD PREVENTION PURPOSES THIS FORM WILL ONLY BE  
ACCEPTED BY MAIL OR PERSONAL DELIVERY.**

**RETURN THIS COMPLETED FORM TO:**

GCC/IBT National Pension Fund  
455 Kehoe Boulevard, Suite 101  
Carol Stream, Illinois 60188