



IAM NATIONAL
PENSION FUND

CHANGE OF ADDRESS REQUEST FORM

INSTRUCTIONS - Please fill in all blanks and check appropriate boxes. Once completed, you may submit the form the Benefit Funds Office via email at contact@iamnpf.org, through fax at **202-471-2547**, or by mailing a physical copy to:

IAM National Pension Fund
99 M St. SE, Ste. 600
Washington D.C., 20003-4595

BENEFIT RECIPIENT'S REQUEST FOR CHANGE OF ADDRESS

Name of Benefit Recipient: _____

Last Four Digits of Social Security Number: _____

Old Address:

Telephone Number: _____

Monthly Benefit Amount: _____ Date of Birth: _____

NEW ADDRESS INFORMATION

New Address:

SIGNATURE

Signature of Benefit Recipient: _____

Date: _____

Once your address has been updated, you may request an Income Verification Letter as well as a 1099-R Tax Form for prior years. Please select one, both, or neither.

Verification of Income Letter

1099-R Tax Document for tax year(s): _____