



## CHANGE OF ADDRESS REQUEST FORM

**INSTRUCTIONS** - Please fill in all blanks and check appropriate boxes. Once completed, you may submit the form to the Benefit Funds Office via email at [documents@iambfo.org](mailto:documents@iambfo.org), through fax at **202-463-8098**, 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: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Monthly Benefit Amount: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **NEW ADDRESS INFORMATION**

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SIGNATURE**

Signature of Benefit Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

After your address has been updated, you will have the option to request a Verification of Income Letter, a 1099-R Tax Form for prior years, or both. Please indicate your selection below.

- ☐ Verification of Income Letter  
☐ 1099-R Tax Document for tax year(s): \_\_\_\_\_