



IAM NATIONAL
PENSION FUND
Better Pension • Better Life

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 _____