

Sheet Metal Workers' Pension Plan

OF SOUTHERN CALIFORNIA, ARIZONA & NEVADA

P.O. BOX 10067

MANHATTAN BEACH, CA 90266-8567

PHONE: (800) 947-4338

PHONE: (310) 798-6572

FAX: (310) 798-5092

Date: _____

CHANGE OF ADDRESS – PENSION DEPARTMENT

NEW ADDRESS: _____

NEW PHONE No.:(_____) _____

** Check One Below **

PLEASE SEND MY MONTHLY PENSION CHECK TO MY NEW ADDRESS AS LISTED ABOVE.

MY BENEFITS ARE CURRENTLY BEING ELECTRONICALLY DEPOSITED DIRECTLY TO MY BANKING INSTITUTION. PLEASE CHANGE MY MAILING ADDRESS AS LISTED ABOVE.

FORM MUST BE COMPLETED BY AN AUTHORIZED NOTARY PUBLIC ON THE NEXT PAGE. INCOMPLETE FORMS WILL BE RETURNED.

As a valued Participant of the Plan, free Notary Public services are offered at your SMART Union Local Offices LU #88 and LU #105 and the Sheet Metal Workers' Administrative Office. (Please Schedule your appointment ahead of time.)

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

SSN: XXX-XX-_____

NOTARIZATION ACKNOWLEDGEMENT FOR _____ (state)
(Attach appropriate notarization form)

State of _____

County of _____

On _____, before me, _____
(Month) (name and title of the officer)

personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument and acknowledged to me that he or she executed the same in his/her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____, that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

(Signature of Notary Public)

Place seal here: