



## Annual Pensioner Verification

### Request for address change

The Administrative Trust Funds Office is requesting you to complete this form in order to update our records

**\*\*\*\* You must sign the form to validate your address change. \*\*\*\***

Name: \_\_\_\_\_

SSN (last four): XXX-XX-\_\_\_\_\_ DOB: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Local Union: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

☐ Active

☐ Retiree

#### New Address

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

#### Current Address

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Remember to notify the Administrative Trust Funds Office of any changes to your contact Information. You must also contact your Local Union, International Office and NEBF to update your records.**