

**CHANGE OF ADDRESS NOTICE**

**If you change your address, please notify the Fund Office immediately.  
Currently receiving IPF Pension YES / NO (circle one)**

Your Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Local Union No. & State \_\_\_\_\_

Your OLD Address \_\_\_\_\_

(Number) (Street)

(City) (State) (Zip Code)

Your NEW Address \_\_\_\_\_

(House No. and Street/Apt. No./Box or R.D. No.)

In Care of (if address is Not Listed in Your Name)

(City) (State) (Zip Code)

X \_\_\_\_\_

(Signature) (Date)

