

**Sheet Metal Workers' Pension Plan
Of Southern California, Arizona and Nevada
P.O. Box 10067
Manhattan Beach, CA 90266
(800) 947-4338**

- **THIS FORM MUST BE SIGNED BY THE PENSION BENEFIT PAYEE, OR THEIR POWER OF ATTORNEY SIGNATURES WILL BE VERIFIED**

CHANGE OF ADDRESS – PENSION DEPARTMENT

OLD ADDRESS: _____

OLD TELEPHONE NUMBER: _____

NEW ADDRESS: _____
(STREET ADDRESS)

(CITY, STATE AND ZIP CODE)

NEW TELEPHONE NUMBER: () _____

*******CHECK ONE BELOW*******

- PLEASE SEND MY MONTHLY PENSION CHECK TO MY NEW ADDRESS AS LISTED ABOVE.
- MY CHECKS ARE CURRENTLY BEING DEPOSITED DIRECTLY TO MY BANKING INSTITUTION; PLEASE CHANGE MY MAILING ADDRESS AS LISTED ABOVE.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

SSN: _____ - _____ - _____