

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association

www.benefitplans.org
(415) 673-8500

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

PENSIONER REQUEST FOR CHANGE OF ADDRESS

This form **MUST** be signed by the pensioner or survivor pensioner or by his/her authorized representative. If this form is signed by an authorized representative, documentation acceptable to the Trustees must be on file with the Benefit Plans office or must accompany this form. If appropriate document has not previously been furnished to the Plan office, please attach document to this form.

Name _____ Local _____ Reg. No. _____

Residence Address _____
No. _____ Street _____ Apt. #/Unit # _____

City _____ State _____ Zip Code _____ Country _____

Telephone No. () _____

Mailing Address _____
No. _____ Street _____ Apt. #/Unit # _____

City _____ State _____ Zip Code _____ Country _____

Effective Date of Change _____

Previous Address _____
No. _____ Street _____ Apt. #/Unit # _____

City _____ State _____ Zip Code _____ Country _____

_____ Date

_____ Signature of Pensioner

or

_____ Signature of Pensioner's
Authorized Representative

IF YOU WISH TO HAVE YOUR MONTHLY PENSION CHECK ELECTRONICALLY DEPOSITED TO YOUR FINANCIAL INSTITUTION, PLEASE CONTACT YOUR LOCAL OR THE PLAN OFFICE FOR AN ELECTRONIC FUND TRANSFER AUTHORIZATION.

RETURN FORM TO: ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109

FOR BENEFIT PLANS USE ONLY:

MRR:	ACTIVITY STATUS:	HOME <input type="checkbox"/>	MAILING <input type="checkbox"/>	FOREIGN <input type="checkbox"/>	SOURCE - L
PAYMENT TYPE:	CC:	WELF LOC:	CEX:	/	
ENTERED IN PEN PAY:	/	HMS:	/	DENTAL:	/
MRR CYCLE:		SR. ADVANTAGE: YES <input type="checkbox"/>	NO <input type="checkbox"/>		
CERT/ENT BY:	/	APPROV:	/		