



A FORCE FOR WORKING FAMILIES AFL-CIO

Form Date 8/2010

# IUE-CWA Pension Fund

400 W. 7th Street, Suite 233

Bloomington, IN 47404

(812) 671-0690 phone (812) 671-9696 fax

www.iuepension.org

## Change of Address

### Participant New Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Company \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

NEW Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

I authorize the IUE-CWA Pension Fund to change my address of record to the above. Please send all documents addressed to me at this address.

Please be sure to keep your address and telephone number current with the Fund office.

**Benefits can be suspended when mail is returned to our office as undeliverable for any reason.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_