

UFCW Local One Pension Fund

CHANGE OF ADDRESS

_____ Pensioner

_____ SSN

Address:

Telephone: (_____) _____

_____ Signature

_____ Date

INSTRUCTIONS

*Please complete and/or verify the information above. Sign, date and return to the Fund Office.
If your address or phone number changes in the future, please contact us at 1 (800) 697-8329.*