

(800) 251-5014 • www.oe3trustfunds.org

CHANGE OF ADDRESS REQUEST

Name:	
Social Security Number:	
Old Address:	
New Address:	
Email Address:	
Telephone Number:	()
Signature	Date

<u>PLEASE NOTE</u>: If your pension benefit check is currently being deposited directly to your bank account, please indicate whether you want this to continue.

□ Continue mailing to the bank as previously authorized

- Discontinue direct deposit (Checking this box will cancel the electronic transfer of your pension benefit.)
- □ Please send new bank authorization forms.

In order to update your mailing address, you must submit your change of address in writing. Please complete the necessary information as indicated above and return to the Trust Fund Office. For your convenience, we are enclosing a self-addressed return envelope.

If you have any questions, please contact the Trust Fund Office at the phone number indicated above.