CHANGE OF ADDRESS FORM

Member Name: _____ _____ _____
First Middle Last

Member Plan ID Number: _____

Residential Address: _____

_____ _____ _____
City Province Postal Code

Mailing Address: _____
(if different from Residential Address)

_____ _____ _____
City Province Postal Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Effective Date of Change of Address: _____

Employer's Name: _____

Comments: _____

_____

Signature of Member: _____

Date: _____

Please return completed form to:

TEAMSTERS' NATIONAL BENEFIT / PENSION PLAN
1610 Kebet Way, Port Coquitlam, B.C. V3C 5W9
Phone: 604-552-2650

By Fax: 604-552-2653
Email: benefits.pensions@teamstersbenefits.ca