



**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](mailto:benefits.pensions@teamstersbenefits.ca)**