



CHANGE OF ADDRESS

MEMBER NAME: _____ CERTIFICATE # _____

EMPLOYER: _____

NEW ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

MAILING ADDRESS IF DIFFERENT: _____

EFFECTIVE DATE: _____

MEMBER SIGNATURE: _____ DATE: _____

Please return completed form to the Plan office:

**MAIL: 1610 Kebet Way
Port Coquitlam BC V3C5W9**

EMAIL: benefits.pensions@teamstersbenefits.ca

FAX: 604-552-2653

***Please ensure you also update your contact information with
Teamsters Local 31 at 1-877-LOCAL31 or 604-540-6009.***