Alaska Ironworkers Trust Funds

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Administered by Labor Trust Services, Inc.

ADDRESS CHANGE FORM

Member's Name (First)	(Middle Initial) (Last)
Effective Date	Retirement Number
Please mark your preference below with a	an "X".
Please change my mailing addre Please continue to send my Reti	ess for correspondence only. rement Income payments directly to my bank.
Please change my mailing addre	ess for checks <u>and</u> correspondence.
OLD ADDRESS	NEW ADDRESS
OLD NODICESS	NEW MDDRESS
Charact Address	Charact Addition
Street Address	Street Address
Suite or Apt Number	Suite or Apt Number
City, State and Zip	City, State and Zip
Home Phone Number	Mobile Phone Number
Email Address	
Signature of Retiree	Date of Signature
Print Name	Social Security Number