



# Sheet Metal Workers' National Pension Fund

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## CHANGE OF ADDRESS FORM

Name: \_\_\_\_\_

Last four (4) numbers of your Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Area Code)

I hereby authorize the Sheet Metal Workers' National Pension Fund to change my mailing address to the following:

Effective: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Completion of this form **WILL NOT** change, if applicable:

- 1.) The banking information you have on file for the direct deposit of your benefit payments; or
- 2.) Any State withholdings you may currently have withheld for taxes.

In order to change your banking information and/or state withholdings contact 1.800.231.4622 and request the applicable form to make these changes.

Signature of Pensioner / Beneficiary: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE this change may take up to 4-6 weeks to be effective.

Please forward form to:

Sheet Metal Workers' National Pension Fund  
8403 Arlington Boulevard, Suite 300, Fairfax, VA 22031  
[www.smwnbf.org](http://www.smwnbf.org), 1-800-231-4622 Fax – 703-739-7836  
EIN 52-6112463/Plan No. 001