



Sheet Metal Workers'
National Pension Fund

CHANGE OF ADDRESS FORM

Name: _____

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 YOUR CURRENT ***DIRECT DEPOSIT OR STATE TAX WITHHOLDING, IF APPLICABLE.*** If you wish to make these changes, please contact the Fund Office to obtain additional forms.

Signature of Participant: _____ Date: _____

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

Please forward form to:

Sheet Metal Workers' National Pension Fund
3180 Fairview Park Dr., Suite 400 Falls Church, VA 22042
www.smwnbf.org, 1-800-231-4622 Fax – 703-739-7836
EIN 52-6112463/Plan No. 001