

SHEET METAL WORKERS LOCAL 49

DEFINED CONTRIBUTION PENSION PLAN

SOUTHWEST SERVICE ADMINISTRATORS, INC.
6121 INDIAN SCHOOL RD NE, SUITE 123
ALBUQUERQUE, NM 87110

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CHANGE OF ADDRESS NOTIFICATION

PART ONE | PARTICIPANT INFORMATION

FIRST NAME	LAST NAME	
SOCIAL SECURITY NUMBER	PHONE NUMBER	LOCAL UNION NO.
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PART TWO | NEW ADDRESS INFORMATION

NEW ADDRESS	CITY	STATE	ZIP
EFFECTIVE DATE	MONTH	DAY	YEAR

PART THREE | OLD ADDRESS INFORMATION

OLD ADDRESS	CITY	STATE	ZIP

PART FOUR | PARTICIPANT SIGNATURE (REQUIRED!)

The Trust Office cannot change your address without your signed and dated consent

PARTICIPANT SIGNATURE	DATE

IMPORTANT

This change of address form is to be used for changing your address record with the Fund Office only. Submitting this form will not change your address with your Local Union or Employer. You should contact your Local Union & Employer directly to change your address record with them.

You must complete an ENROLLMENT FORM for dependent and/or beneficiary changes.

Check here to receive an ENROLLMENT FORM.