



Benefit Funds

PENSION | HEALTH & WELFARE | 401K

Affiliates and Staff Change of Address Form

Date: _____

Participant SSN/TIN: _____

Beneficiary SSN/TIN _____

Participant/Beneficiary Name

(Last)

(First)

(Middle)

Current Address

Address _____

City _____ State _____ Zip _____

New Address, Phone Number and Email

Address _____

City _____ State _____ Zip _____

Phone #1 _____

Phone #2 _____

Email Address: _____

CERTIFICATION

I, _____, hereby attest that the above information is truthful and correct.

Signature: _____ Date: _____

Note: If you are signing this form on behalf of a Fund Participant or Beneficiary, you must also submit a power of attorney or letter of conservatorship to the Fund.

If the person completing the form is not the participant/beneficiary currently receiving payment, please state your relationship: _____.

Completed forms may be mailed to P.O. Box 22650 Lehigh Valley, PA 18002-2650 , or emailed to info@seiufunds.org or faxed to 202-747-2906.