



CHANGE OF ADDRESS REQUEST

Member Name: _____

SSN: _____ Phone: _____

New Address:

Street: _____

City/State/ZIP: _____

Effective date: _____ Email: _____

Old Address:

Street: _____

City/State/ZIP: _____

Signature: _____ Date: _____

Please note that this form only changes your address. If you would like to change your tax, or other withholding, or direct deposit information, you must request that form by separate request.

Notes:

Operating Engineers Pension Trust Fund

1141 Harbor Bay Parkway, Ste 100
Alameda CA 94623-0190
FAX: 510-545-4937