## Northwest Glass, Molders, Pottery, Plastics, and **Allied Workers Pension Trust**

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124 Phone (206) 664-7300 or (800) 426-7132 • Fax (206) 695-0984

> Administered by Welfare & Pension Administration Service, Inc.

## CHANGE OF ADDRESS

General	Inform	ation

General Information				
Last Name	First Name		Middle Initial	
Social Security Number or ID Number	Email		Phone Number	
	I		I.	
Old Address (Include Apartment or S	uite Number)			
Street	,	City	State	Zip
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New Address (Include Apartment o	or Suite Number	-	State	7in
Street		City	State	Zip
This address change pertains to the	e following:			
Trusts (select all applicable)		Participants (select all app	licable)	
☐ All Trusts	☐ Employee Only (If checked, this form must be signed			
☐ Health and Welfare (Claims)	by the employee)			
☐ Retirement	☐ Dependent (If checked, this form must be signed by the			
☐ Annuity		employee or the named dependent who must be age		
		18 or older)		
		Dependent's Name		
	☐ Entire Family (If checked, this form must be signed by the			
		employee)		
Please send correspondence according t	o my selection to th	ne above address starting:		
Date				
Signature			Date	

Any address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept a change of address over the telephone. To avoid unnecessary delays in receiving correspondence from the Administration Office, it is imperative that we have your current address on file.

If there has been a change in your covered dependents or marital status, you need to complete a new enrollment form. Please see "Enrollment Form" under the heading "Forms" on the Trust website.