



PIUMPF
1101 Kermit Drive
Suite 800
Nashville, TN 37217
Phone: 1-800-474-8673
Fax: 615-333-5760

CHANGE OF ADDRESS FORM

Please check the Plan(s) for which you are requesting the change:

- PIUMPF –PACE Industry Union-Management Pension Fund
- USW Industry 401(k) Plan
- USW HRA Fund

If you are also authorizing a legal name change, please check here. You must provide one of the required forms of legal documentation supporting your name change (i.e. marriage certificate, divorce decree, court document)

SSN: _____		
Name: _____		
Mailing Address: _____		
P.O. Box or Street	APT	
CITY	STATE	ZIP CODE + 4
U.S. Home Street Address: _____		
(Required for PIUMPF Participants with P.O. Box mailing address)		
CITY	STATE	ZIP CODE + 4
Phone: (_____) _____		
AREA CODE	NUMBER	
E-mail: _____		
Date of Birth _____		Date of Hire _____
Signature: _____		Date: _____
<small>MUST BE SIGNED BY PARTICIPANT or POWER OF ATTORNEY Please submit Power of Attorney paperwork, if not already on file.</small>		

IMPORTANT INFORMATION ABOUT CHANGING YOUR ADDRESS.

If you are unable to sign this form, please submit a Power of Attorney or Guardianship Documents OR if pensioner is deceased, please provide a Death Certificate for our records.

PIUMPF – PACE Industry Union Management Pension Fund

Failure to notify Fund of change of address will result in **suspension** of benefits until a current address is received. Even if you have Direct Deposit, the Fund Office must always have a current address. This form must be received before the 15th of any month in order to be effective for the following month.

Changing your address will NOT change the method in which you chose to receive your monthly benefit (i.e., check or direct deposit).

USW Industry 401(k) Plan

Active employees may have address changes submitted to the Fund Office by their employer without the notary requirement. Please check with your employer to determine whether they will submit your address change, if not please complete and submit the Change of Address form per the instructions.

Please keep The Fund Office advised of any change to your address. Failure to do so may hinder your receipt of important plan information, such as quarterly account statements, tax forms, and other correspondence.

If you are a terminated participant, you may submit your change of address to MassMutual Retirement Services. Please call 1-800-743-5274 for instructions.

USW HRA Fund

All address changes for participants and beneficiaries that are not actively working for a participating employer must complete this form and have it notarized. If you are actively working for a participating employer, please follow your employer's procedure for submitting address changes. Your employer will notify us of the change within the next 30 days.

Failure to notify the Fund Office of address changes will result in a refusal to process claims until a current address is received. Even if you receive your reimbursements by direct deposit (ACH), the Fund Office must always have a current address. Processing of this form may take up to thirty (30) days. Changing your address will not change the method in which you chose to receive your reimbursement payments (i.e., check or direct deposit).

IF YOU HAVE ANY QUESTIONS ABOUT CHANGING YOUR ADDRESS, PLEASE CONTACT US AT 1-800-474-8673 OR PENSIONS@USWBENEFITFUNDS.COM