

NORTHERN ILLINOIS ANNUITY FUND

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Website: www.niannuityfund.com

Administered by

Welfare & Pension Administration Services, Inc.

CHANGE OF ADDRESS FORM

Employee Name _____
(Please print)

Date of Birth _____

Employee Social Security or ID Number _____

Employee Phone Number _____

Employee Email _____

Old Address: (Include apartment or suite number)

New Address: (Include apartment or suite number)

Please send correspondence to the above address starting on: _____
(Date)

(Signature)

(Date)

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

If there has been a change in your "marital status", you will also need to complete a new Designation of Beneficiary form.

Completed and signed forms should be mailed to: Northern Illinois Annuity Fund, PO Box 34203, Seattle, WA 98124.