



UAW LABOR-MANAGEMENT GROUP PENSION PLAN
PO BOX 5406 ♦ EL MONTE, CA 91734 ♦ (626) 279-3042 ♦ FAX (626) 279-3045

ADDRESS CHANGE FORM

NAME: _____

SS#: _____ - _____ - _____

DATE OF BIRTH: ____/____/____

OLD ADDRESS: _____

NEW ADDRESS: _____

NEW PHONE #: () _____ - _____

SIGNATURE OF PARTICIPANT

DATE