



## International Painters and Allied Trades Industry Pension Fund

7234 Parkway Drive · Hanover, MD 21076  
Telephone: (410) 564 -5500 · Toll Free: (800) 554-2479 · Fax: (866) 656-4160  
pension@iupat.org · www.iupat.org

### Address Change Request

Complete and submit this form to the Fund office to change your address of record.

#### Section A: Participant/Annuitant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*First Middle Last*

#### Section B: Address Information

Previous Address: \_\_\_\_\_  
*Street City State Zip Code*

New Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Effective Date of New Address: \_\_\_ / \_\_\_ / \_\_\_ Is this a permanent address?  Yes  No

**Please note that moving to a different state or county of residence may affect your tax withholding situation.**

#### Section C: Participant/Annuitant Authorization

I hereby request the International Painters and Allied Trades Industry Pension Fund to change my address of record as stated above. I understand that this form must be notarized and received by the Fund for processing to occur.

Participant/Annuitant Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Must be signed in the presence of a Notary Public.**

#### Section D: Notary Public Verification

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires

(SEAL)

**Please return this form to the Fund office at the address listed above.**