



PENSION BENEFIT – ADDRESS CHANGE FORM

Pension Fund Name: _____

Member’s Name: _____

Social Security Number: XXX-XX-_____

Please Change my Address *From:*

Prior Street Address: _____

Prior City: _____

Prior State: _____ Prior Zip Code: _____

Please Change my Address *To:*

New Street Address: _____

New City: _____

New State: _____ New Zip Code: _____

Date Effective: ____/____/____

Home Phone Number: _____ Cell Phone Number: _____

Email Address (Please Print Clearly): _____

Member’s Signature: _____ **Date:** _____

Please return the signed document to our Benefits Team:

- Email to benefits@lauterbachamen.com
- Fax to 866.952.2430
- Mail to Lauterbach & Amen, LLP
27W457 Warrenville Road
Warrenville, IL 60555