

# UFCW Local 1776 & Participating Employers Pension Fund

Wendell W. Young, IV  
Chairman

Robert Franci  
Secretary

## Change Of Address Form

Date: \_\_\_\_\_

### **RE: Request for Change of Address**

Dear Participant:

Fund participants must make all changes of address in writing. The Fund Office will not change the address of a participant without the signature of that participant. Therefore, please complete this form in its entirety, and mail it back to the Fund Office in the enclosed envelope as soon as possible to ensure that the change is made in a timely fashion.

Very truly yours,

The Fund Office

### **PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Employer: \_\_\_\_\_

### **OLD ADDRESS**

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_

### **NEW ADDRESS**

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Effective Date of Address Change: \_\_\_\_\_

Please check if you would like the Fund office to notify the following of your address change:

- The UFCW Local 1776KS
- The UFCW Local 1776 Federal Credit Union

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 2/11/25