Western States Office and Professional Employees Pension Fund

Address Change Form

Name:		SSN:	
Now Addross:			
New Address.			
Phone Number:	En	nail Address:	
Effective Date of Chan	ge:		
	<u> </u>		
I la conde contra a contra activa			h
i nereby give authoriza	ition to have my mailing a	address changed to the address a	bove.
Participant Signature		Date	