



# TEAMSTERS LOCAL UNION 77

SUPPLEMENTAL PENSION FUND

P.O. BOX 9 • COLLINGSWOOD, NJ 08108

**NOTE: THIS FORM IS FOR CHANGE OF ADDRESS ONLY;**

To add Spouse/Dependent(s), Please Contact the Fund Office

## **CHANGE OF ADDRESS**

MEMBER'S NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

MEMBER'S EMAIL: \_\_\_\_\_

SPOUSE'S EMAIL: \_\_\_\_\_

***I CERTIFY THAT ALL OTHER INFORMATION ON MY CENSUS FILE IS CURRENT AND CORRECT.***

MEMBER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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