



**PENSION BENEFIT – ADDRESS CHANGE FORM**

Pension Fund Name: \_\_\_\_\_

**Member’s** Legal Name (include middle initial): \_\_\_\_\_

Social Security Number (last 4 digits only): XXX-XX-\_\_\_\_\_

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Change my Address ***From:***

Prior Street Address: \_\_\_\_\_

Prior City: \_\_\_\_\_

Prior State: \_\_\_\_\_ Prior Zip Code: \_\_\_\_\_

Change my Address ***To:***

New Street Address: \_\_\_\_\_

New City: \_\_\_\_\_

New State: \_\_\_\_\_ New Zip Code: \_\_\_\_\_

By signing below, I certify that the information above is accurate to the best of my knowledge:

**Member’s** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address (Please Print Clearly): \_\_\_\_\_

Please return this signed document to our Benefits Team:

- Email to [benefits@lauterbachamen.com](mailto:benefits@lauterbachamen.com)
- Fax to 866.952.2430
- Mail to: Lauterbach & Amen, LLP  
668 N. River Road  
Naperville, IL 60563

*Contact the Benefits Administration Hotline at 866.952.6329 if you have any questions.*