



DESERT STATES EMPLOYERS AND UNITED FOOD & COMMERCIAL WORKERS UNIONS PENSION PLAN

CHANGE OF ADDRESS

NON-RETIRED

RETIRED

(If Retired, please check one box below):

I receive my Pension Benefit as a:

Monthly Check

Monthly Direct Deposit

Name of Participant: _____

Social Security No: _____ - _____ - _____ Phone No:(_____) _____

New Address: _____

City

State

Zip Code

Country

Please let us know if you do not want this information shared with other related Trust Funds for which you are a participant, such as your Health & Welfare Trust Fund.

Signature of Person Receiving Benefit: _____

Internal Use Only for Copy Distribution

Pension

Eligibility

Claims Support

2400 W. Dunlap Ave., Suite 250, Phoenix, Arizona 85021 1-800/474-3485 602/249-3582 FAX 602/336-0895
www.southwestservicetpa.com

