



Graphic Communications

NATIONAL PENSION FUND

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NOTICE OF CHANGE OF BENEFICIARY

Date: _____

It is my desire that you change / update my beneficiary to:

Beneficiary (Spouse) _____
(Print Name)

Social Security Number _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Member's Name _____
(Print Name)

Member's Signature _____
(Signature)

Social Security Number _____ Birth date _____

Member's Address _____

City _____ State _____ Zip _____

Member's Telephone _____ E-mail _____

IMPORTANT NOTE: FOR PRIVACY AND FRAUD PREVENTION PURPOSES, THIS FORM WILL ONLY BE ACCEPTED BY MAIL AND PERSONAL DELIVER WITH ORIGINAL SIGNATURES.