



Graphic Communications

NATIONAL PENSION FUND

455 Kehoe Boulevard, Suite 101, Carol Stream, IL 60188



CHANGE OF ADDRESS FORM

Name of Participant/Beneficiary: _____

Old Address: _____

Old City: _____ Old State: _____ Old Zip: _____

Social Security Number: _____

New Address: _____

New City: _____ New State: _____ New Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Participant/Beneficiary Authorization

I hereby authorize the Fund Office to change my address information as set forth above.

Participant/Beneficiary Signature Date



!!! IMPORTANT !!!

**FOR PRIVACY AND FRAUD PREVENTION PURPOSES THIS ORIGINAL SIGNED FORM
WILL ONLY BE ACCEPTED BY MAIL OR PERSONAL DELIVERY.**

RETURN THIS COMPLETED FORM TO:

GC National Pension Fund
455 Kehoe Boulevard, Suite 101
Carol Stream, Illinois 60188