

*Western States Office and Professional Employees
Pension Fund*

ADDRESS AUTHORIZATION AND CHANGE FORM

Date: _____

Retiree / Beneficiary Name: _____

Social Security Number: _____

New Address: _____

Email Address: _____

Phone Number: _____

TO BE COMPLETED BY THE RETIREE/BENEFICIARY:

It is necessary for us to have your authorization to change your address. Please sign, date and return this notice in the envelope provided. If you have any questions, please contact our office at **(503) 222-7694** or toll free **(800) 413-4928**.

I hereby give authorization to have my mailing address changed to the address above. This change is to be effective on _____.

Retiree / Beneficiary Signature

Date

TO BE COMPLETED BY THE ADMINISTRATOR:

The above address change was entered by: _____
Name Date

**Administered by A&I Benefit Plan Administrators, Inc.
1220 SW Morrison St. Suite 300, Portland OR 97205-2222
(503)222-7694 (800) 413-4928 Fax (503) 228-0149
<http://wsp.aibpa.com>**