

# IRON WORKERS MID-AMERICA PENSION PLAN AND SMA FUND

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## CHANGE OF ADDRESS

This form is used to change the address of any participant, spouse, beneficiary or alternate payee. Submitting this form will result in the immediate change of address used by the Pension Plan, SMA Fund and your account at John Hancock, if applicable.

Name (print): \_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month Day Year

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

Number & Street

Apartment/Unit Number

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City

State

Zip Code

Email

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_