

# Alaska United Food and Commercial Workers Trust Funds

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Administered by  
Labor Trust Services, Inc.

## ADDRESS CHANGE FORM

Please print or type member information below:

Member's Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_  
Social Security No. or WPAS ID \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

OLD ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

<u>NEW</u> ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

This address change pertains to the following:

- All Funds
- Health & Welfare Only (Claims)
- Retirement Only

Send correspondence to the new mailing address starting: \_\_\_\_\_  
Date (MM/DD/YYYY)

Member Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Any address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept change of address information over the telephone. To avoid unnecessary delays in receiving correspondence from the Trust Office, it is imperative that we have your current address on file.**

**If there has been a change in your "covered dependents" or marital status, you need to complete a new Enrollment form. Please see Enrollment Form under the heading "Forms".**