



# CWA/ITU Negotiated Pension Plan

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## CHANGE OF ADDRESS FORM

Please print all information unless requested otherwise.

Name: \_\_\_\_\_ Last Four Digits of SS Number: \_\_\_\_\_

**Former Address:** \_\_\_\_\_

Number and Street

\_\_\_\_\_  
City, State, and Zip Code

Former Telephone Number: \_\_\_\_\_ Former Email: \_\_\_\_\_

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

Number and Street

\_\_\_\_\_  
City, State, and Zip Code

New Telephone Number: \_\_\_\_\_ New Email: \_\_\_\_\_

### Please check one:

This is a PERMANENT address change. The effective date of the change is \_\_\_\_\_.

This is a TEMPORARY address change effective \_\_\_\_\_ through \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant – if POA please sign “[Own Name] POA”

\_\_\_\_\_  
Date Signed

