



ADDRESS CHANGE REQUEST

TRUST FUND OFFICE: PACIFIC ADMINISTRATORS, INC.

1440 Kapiolani Blvd., Suite 800 Honolulu, Hawaii 96814

Phone: (808) 441-8600 Fax: (808) 441-8750 Neighbor Islands Dial Direct 1 (888) 520-8078

(PLEASE PRINT)

MEMBER NAME (LAST, FIRST, MIDDLE)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NUMBER	
UNION AFFILIATION	SOCIAL SECURITY NUMBER		DATE OF BIRTH	
NEW MAILING ADDRESS	APT. NO.	CITY	STATE / COUNTRY	ZIP CODE

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

MEMBER'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY				
DEPARTMENT IN RECEIPT OF THIS NOTICE: YOU MUST CIRCULATE COPIES OF THIS NOTICE TO EACH DEPARTMENT. PLEASE INITIAL AND DATE BELOW UPON COMPLETION OF CIRCULATION.		PROCESSOR - PLEASE CHECK OFF, INITIAL AND DATE UPON COMPLETION		
		<input type="checkbox"/> ELIGIBILITY <input type="checkbox"/> THA <input type="checkbox"/> EZCAP	INITIALS	DATE PROCESSED
INITIAL	DATE	<input type="checkbox"/> PENSION / ANNUITY		
DEPARTMENT		<input type="checkbox"/> EMPLOYER CONTROL		