

**ALASKA TEAMSTER-EMPLOYER TRUST FUNDS  
CHANGE OF ADDRESS CARD**

<b>Participant's Legal Name:</b> _____	<b>Ledger #</b> _____	<b>Date of Birth</b> _____
		<b>Gender</b>
<b>Social Security Number</b> -      - _____		Female    Male
<b>Old Address:</b> _____ _____ _____	<b>New Address:</b> _____ _____ _____	
<b>Old Phone Number:</b> _____	<b>New Phone Number:</b> _____	
<b>Email Address:</b> _____		
<b>Participant's Signature</b> _____	<b>Date</b> _____	
_____		
_____		

Reminder: Teamsters Local 959 is a separate office. You must notify them separately of any address change.

**Instructions**

This form is for ADDRESS CHANGES ONLY. To change beneficiary or dependent information, you must complete a new Master Data Card. No claims can be processed without a Master Data Card on file. This change will affect all correspondence mailed to you from the Plan Office. The PARTICIPANT must sign this card.

- (1) Print your entire card legibly, sign and return to the address below. To FAX, use (907) 565-8338.
- (2) Place in a #10 envelope, apply 1<sup>st</sup> class postage and mail to:

**ATTN: TRUST FUNDS  
ALASKA TEAMSTER EMPLOYER SERVICE CORP.  
520 E. 34<sup>TH</sup> AVENUE SUITE 107  
ANCHORAGE, ALASKA 99503-4116**

**Telephone: (907) 565-8300 or (800) 478-4450 (outside Anchorage area)  
Email: [benefits@959trusts.com](mailto:benefits@959trusts.com)**