

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

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

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) 751-9738.
- (2) Place in a #10 envelope, apply 1st class postage and mail to:

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

**Telephone: (907) 751-9700 or (800) 478-4450 (outside Anchorage area)
Email: benefits@959trusts.com**