

**ALASKA TEAMSTER-EMPLOYER TRUST FUNDS
ADDRESS CHANGE FORM**

Participant's Legal Name: _____

Date of Birth _____

Gender

Last Four of SSN

XXX - XX

F

M

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 information, you must complete a Beneficiary Designation Form.

- (1) EMAIL to benefits@959trusts.com
- (2) FAX to (907) 751-9738
- (3) 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**