

# UMWA Funds Change of Address Request

Please **print** clearly and provide all information requested.

Mineworker/Widow Name: \_\_\_\_\_

ID Number or Social Security Number: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List **all** dependents currently living with you: \_\_\_\_\_

## **New Physical Address:**

Street Address: \_\_\_\_\_

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

## **New Mailing Address (if different from physical address):**

Street Address: \_\_\_\_\_

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

## **Old Address:**

Street Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- If signing for a beneficiary, you must include legal proof of your power of attorney or guardianship status or relationship.
- If witnessing a beneficiary's mark, write out both the full name of the beneficiary for whom you are witnessing and your full name.
- If the beneficiary is unable to make a mark, and has not granted you power of attorney or guardianship, please describe the circumstances on the back and provide your telephone number.

Please return completed form to:  
UMWA Health and Retirement Funds  
2121 K Street, NW, Suite 350  
Washington, DC 20037  
**Fax: (202) 521-2353**



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