



Request Form to Update Contact Information

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

Name: _____ Funds ID or SSN: _____

Main telephone number: (_____) _____ - _____

Cell/mobile phone number: (_____) _____ - _____

E-mail address: _____

Note: we will only attempt to reach you by e-mail if we are unable to reach you by phone or letter.

Current Mailing Address:

Address: _____

City, State and Zip Code: _____

Is the mailing address and residential address the same? ☐ Yes ☐ No

If not, what is your residential address? _____

Does anyone else live at this address? _____

Alternative contact:

Note: we will only contact this person if we are unable to reach you, and only so we can obtain your current phone number.

Name: _____ Relationship to you: _____

Telephone number: (_____) _____ - _____

Signature: _____ Date: _____

- If signing on behalf of a beneficiary, you must include legal proof of your status as power of attorney, or as legal guardian and/or conservator.
- 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 attach a description of the circumstances, 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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