

ADDRESS CHANGE REQUEST

PLAN ADMINISTRATOR'S OFFICE: PACIFIC ADMINISTRATORS, INC.

1440 Kapiolani Blvd., Suite 800 Honolulu, Hawaii 96814

Phone: (808) 441-8600 Fax: (808) 441-8750 Neighbor Islands Dial Direct 1 (888) 520-8078

(PLEASE PRINT)

MEMBER NAME (LAST, FIRST, MIDDLE)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NUMBER
UNION AFFILIATION	SOCIAL SECURITY NUMBER		DATE OF BIRTH
NEW MAILING ADDRESS	APT. NO.	CITY STATE / COUNTRY	ZIP CODE

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

MEMBER'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Processor - please initial, date and check (✓) if original document resides in the department file

Department	Initials	Date Processed	Original
Pension/Annuity			
Employer Control			
Eligibility			
Administration			