

# SEAFARERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ [www.seafarers.org](http://www.seafarers.org)

## CHANGE OF ADDRESS AUTHORIZATION FORM

This form is for a Pensioner in the Seafarers Pension Plan ("Plan") changing his or her address on file with the Plan. Please complete the entire form. Section 3 of the form must be signed by you in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative if you are receiving your pension check by mail. Return the form by: email: [pensions@seafarers.org](mailto:pensions@seafarers.org); fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

### 1 Pensioner's Information

I am receiving my pension check by mail

- Sign Section 3 in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative

My pension check is direct deposited into my bank account

- Sign Section 3 (the form does not need to be notarized or witnessed)

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Age

#### Previous Mailing Address:

Mailing Address

City

State

Zip Code

### 2 Current Mailing Address

The mailing address listed below should be used for my pension benefit payments and other Plan mailings effective:

Immediately

As of this date: \_\_\_\_\_

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

#### Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please provide the required documents and the following information for him or her:

- Copy of Power of Attorney (POA) OR Letter of Guardianship Required

POA or Guardian's Full Name (First, Middle Initial, Last)

Relationship

Cell Phone Number

Home Phone Number

**IMPORTANT NOTE:** If your authorization is received by the Plan after the 19<sup>th</sup> of the month, your authorization will not be effective until the following month after receipt of this form.

### 3 Pensioner's Authorization

I authorize the Seafarers Pension Plan to change my mailing address to the address indicated in Section 2. I understand that my address will be used to send my pension benefit payments and other Plan information. It is my responsibility to notify the Plan of any changes to my account at least 10 business days prior to the distribution of my pension benefit. This request will remain in effect until I have made a written notarized request to the Plan to stop or change my Change of Address Authorization, if I am receiving my pension check by mail.

I certify that the above information is true and correct, and I have provided this information with the understanding that the Seafarers Pension Plan will rely on the information for benefit purposes.

Pensioner's Signature

Date Signed

### THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED SIU/PLAN REPRESENTATIVE

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned,  
Day Month Year Notary Public or SIU/Plan Representative's Name

personally appeared \_\_\_\_\_, satisfactorily proven to be the person named in and personally signed, sealed, and  
Pensioner's Name

delivered this Change of Address Authorization as his or her act and deed.

Notary Public's or SIU/Plan Representative's Signature

Date Signed