



CHANGE OF ADDRESS FORM

Roman Catholic Archdiocese of Boston Pension Plan

DATE: _____

NAME: _____

NEW ADDRESS: _____

PHONE NUMBER: _____

EFFECTIVE DATE: _____

LAST FOUR #'S OF SSN: _____

Pensioner's Name (Please Print)

Pensioner's Signature

Please Mail to:
PenChecks Trust
ATTN: Recurring Benefits Department
PO Box 2669
La Mesa, CA 91943

OR:
E-Mail: recurringbenefits@penchecks.com
Fax: (619) 567-8084