



# NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST

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Administered by  
Welfare & Pension Administration Service, Inc.

Member's Name *(First)* *(Middle Initial)* *(Last)*

Effective Date Retirement Number

Please mark your preference below with an "X".

- Please change my mailing address for correspondence only.  
Please continue to send my Retirement Income payments directly to my bank.
- Please change my mailing address for checks and correspondence.

OLD ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

NEW ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

Home Phone Number

Mobile Phone Number

Email Address

Signature of Retiree

Date of Signature

Print Name

Social Security Number