



## Pension Fund Mailing Address Form

**Participating Pension Fund (PPF) Name:** \_\_\_\_\_

**Date Submitted to FPIF:** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country Code: \_\_\_\_\_

*I hereby acknowledge that the mailing address provided belongs to the Participating Pension Fund named above (must be signed by two account representatives).*

By:

\_\_\_\_\_  
Authorized Agent - Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent - Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date