Pension Fund Mailing Address Form

Participating Pension Fund (PPF) Name:_____

Date Submitted to FPIF: _____

Address Line 1: _____

Address Line 2:_____

City:_____ State:IL Zip Code:_____

Country Code:US

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

By:

_____	_____	_____
Authorized Agent - Name	Signature	Date
_____	_____	_____
Authorized Agent - Name	Signature	Date

All Pension Fund Mailing Address forms should be submitted to banking@ifpif.org