



Change of Address Form

Printed Name: _____

Date of Birth: _____

Primary Email: _____

OLD ADDRESS

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

NEW ADDRESS

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Acknowledgement: I acknowledge that I am giving permission for the AGMA Funds to change my personal record to the new information stated above.

Signature: _____ **Date:** _____

AGMA Health Fund & Retirement Plan Administration Office

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