

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500

FAX (415) 749-1321

ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

This form **must** be signed by the member, pensioner or survivor pensioner and by his/her authorized representative. This form will be on file with the ILWU-PMA Benefit Plans Office. If Information changes, please contact our office and we will send out a new form to complete.

## POWER OF ATTORNEY ADDRESS-CONTACT FORM

PLEASE PRINT CLEARLY

REG NO: \_\_\_\_\_

LOCAL: \_\_\_\_\_

ACTIVE

PENSIONER

OTHER

NAME: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

MEMBER MAILING ADDRESS			
STREET			
APT			
CITY			
STATE		ZIP	
COUNTRY			

ATTORNEY-IN-FACT CONTACT INFORMATION	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	

MEMBER RESIDENCE ADDRESS (If different than above)			
STREET			
APT			
CITY			
STATE		ZIP	
COUNTRY			

ATTORNEY-IN-FACT/POA CONTACT ADDRESS			
STREET			
APT			
CITY			
STATE		ZIP	
COUNTRY			

ADDITIONAL EMERGENCY CONTACT: \_\_\_\_\_

NAME

PHONE

MEMBER'S SIGNATURE

DATE

SIGNATURE OF MEMBER'S AUTHORIZED REPRESENTATIVE

DATE

**FOR PENSIONERS:** IF YOU WISH TO HAVE YOUR MONTHLY PENSION CHECK ELECTRONICALLY DEPOSITED TO YOUR FINANCIAL INSTITUTION, PLEASE CONTACT YOUR LOCAL OR THE PLAN OFFICE FOR AN ELECTRONIC FUND TRANSFER AUTHORIZATION FORM or DOWNLOAD IT FROM OUR WEB PAGE THAT IS NOTED ABOVE.

**RETURN FORM TO:**

ILWU-PMA BENEFIT PLANS  
1188 FRANKLIN STREET, SUITE 101  
SAN FRANCISCO, CA 94109

**FAX:**

(415) 749-1400

or (415) 749-1321

**EMAIL:**

[pension@benefitplans.org](mailto:pension@benefitplans.org)