

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN
560 NORTH NIMITZ HIGHWAY, SUITE 209 HONOLULU, HI 96817
PHONE (808) 523-0199 FAX (808) 537-1074

EMPLOYEE 401(k) ADDRESS CHANGE FORM

Last Name: _____ First Name: _____ M.I. _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____

Phone No.: _____ Company: _____ Department: _____

Old Address: _____
Street Number or P.O. Box

City	State	Zip
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New Address: _____
Street Number or P.O. Box

City	State	Zip
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Effective Date of this Address Change: _____

EMPLOYEE'S SIGNATURE

DATE