HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN c/o GROUP PLAN ADMINISTRATORS, INC. 222 SOUTH VINEYARD ST., PH4 HONOLULU, HI 96813 PHONE (808) 523-9411 FAX (808) 533-6789

EMPLOYEE 401(k) ADDRESS CHANGE FORM

LAST NAME	FIRST NAME	M.I.	S.S. NUMBER
NEW MAILING ADDRESS	CITY	STATE	ZIP CODE
COMPANY	DEPARTMENT	DATE OF BIRTH	PHONE NO.
EFFECTIVE DATE OF THIS ADDRESS CHA	NGE:		_
EMPLOYEE'S SIGNA	TI IRF		DATE
EMPLOYEE'S SIGNA		DATE	