



Defined Benefit Plan of Transtar, LLC. Change of Address Form

Return completed forms:

- via email: TranstarRailPension@boltonusa.com,
- via secure upload: <https://boltonusa.com/transtar/>, or
- via regular mail or overnight delivery: Transtar Pension Service Center
c/o Bolton
1 W. Pennsylvania Avenue, Suite 600
Baltimore, MD 21204

How do you prefer to be contacted?

Your preference will be noted and used when we need to contact you regarding your benefit from the Plan. Check all that are acceptable. Please note that general correspondence sent to all participants will continue to be sent to you via first class mail.

☐ Mail

☐ Email Email Address: _____

☐ Phone PhoneNumber: _____ May we leave a voicemail? ☐ Yes ☐ No

Old Mailing Address

Please confirm the mailing address we have on record for you. This is the address at which you most recently received correspondence from the Plan.

Address: _____

City: _____ State: _____ Zip: _____

Current (Updated) Mailing Address

Please provide the address at which you can be reached for future correspondence regarding your Plan benefit.

Address: _____

City: _____ State: _____ Zip: _____

Confirmation

I certify the information I have provided on this document is true, and the change requested will remain in effect until such time as I provide written notification to the Plan Administrator with a new directive.

Name: _____ Last four digits of Social Security Number: _____

Signature: _____ Date: _____