

CHANGE OF ADDRESS
(TO BE COMPLETED BY THE PARTICIPANT)

IBEW LOCAL NO. 150 FRINGE BENEFIT FUNDS

*****PLEASE PRINT ALL INFORMATION*****

PARTICIPANT NAME: _____

MEMBER ID or SS#: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS **FROM:**

PHONE NUMBER: _____

TO:

PHONE NUMBER: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: This change cannot be made without participant signature)

RETURN THIS COMPLETED FORM TO:

IBEW LOCAL 150 FRINGE BENEFIT FUNDS
6525 Centurion Drive
Lansing, MI 48917

THIS SECTION – FUND OFFICE USE ONLY

Date received: _____