

CHANGE OF ADDRESS FORM

(To be completed by participant)

IBEW LOCAL 683 FRINGE BENEFITS

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

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY OR ID NUMBER: _____

PARTICIPANT DATE OF BIRTH: _____ LOCAL UNION#: _____

PLEASE CHANGE MY ADDRESS **FROM** (Old Address):

TO (New Address):

TELEPHONE NUMBER: _____

THIS ADDRESS CHANGE TAKES PLACE: (EFFECTIVE DATE): _____

PARTICIPANT SIGNATURE: _____

PLEASE RETURN THIS COMPLETED FORM TO:

IBEW LOCAL 683
FRINGE BENEFIT FUNDS
6525 Centurion Dr.
Lansing, MI 48917-9275

This Section for Fund Office use-ONLY

Date changed on BMS: _____ *BY:* _____

Date changed in Pension: _____ *BY:* _____