

CHANGE OF ADDRESS FORM

(To be completed by participant)

**Heat & Frost Insulators and Allied Workers'
Local 47 Retirement Trust Fund**

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

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY 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): _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS COMPLETED FORM TO:

Heat & Frost Insulators and Allied Workers'
Local 47 Retirement Trust Fund
6525 Centurion Dr.
Lansing, MI 48917-9275
(To return by facsimile, Fax to 517-321-7508)

This Section for Fund Office use-ONLY

Date changed on BMS: _____ *BY:* _____