

CHANGE OF ADDRESS
(TO BE COMPLETED BY THE PARTICIPANT)

FOR: ASBESTOS WORKERS' LOCAL 47 WELFARE AND RETIREMENT TRUST FUNDS

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

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS **FROM:**

PHONE NUMBER: _____

TO:

PHONE NUMBER: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

signature)

RETURN THIS COMPLETED FORM TO:

**Asbestos Workers' Local 47
4 Flaggs Office Center
300 St. Andrew Road, Suite 304A
Saginaw, MI 48603-5977**

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____

By: _____

Date changed on BCBSM: _____

By: _____

Date changed on Pension: _____

By: _____