

**IBEW LOCAL NO. 117 PENSION FUND
CHANGE OF ADDRESS FORM**

(TO BE COMPLETED BY THE PARTICIPANT)

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

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER OR MEMBER ID NUMBER:

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS FROM:

PHONE NUMBER: _____

AND CHANGE MY ADDRESS 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 NO.117 PENSION FUND

6525 Centurion Drive

Lansing, MI 48917-9275

FAX#:517-321-7508

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____

By: _____

Date changed on BCBS: _____

By: _____

Date changed on Pension: _____

By: _____

Date received in office: _____