



LOCAL 295-IBT

- EMPLOYER GROUP PENSION TRUST FUND
- EMPLOYER GROUP WELFARE FUND

655 THIRD AVENUE, 12TH FLOOR • NEW YORK, NY 10017 • (212) 308-4200

AUTHORIZATION FOR CHANGE OF ADDRESS

I hereby authorize the Local 295- IBT Pension and Welfare Fund to change my mailing address for all future benefits and correspondence, including benefit payments.

MEMBER'S NAME _____
(Please Print)

MEMBER'S SOCIAL SECURITY # _____

OLD ADDRESS _____
(Please Print)

CITY _____ STATE _____ ZIP _____

PLEASE CHANGE MY ADDRESS TO THE FOLLOWING:

NEW ADDRESS _____
(Please Print)

CITY _____ STATE _____ ZIP _____
(Please Print)

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

THIS FORM SHOULD BE MAILED TO THE FOLLOWING ADDRESS:

**655 Third Avenue, Suite 1200
New York, NY 10017 or
VIA Fax at (212) 308-4545.**

**PLEASE REMEMBER TO ALWAYS KEEP YOUR CONTACT INFORMATION UPDATED
WITH THE FUND OFFICE.**