



# LOCAL 295-IBT

- EMPLOYER GROUP PENSION TRUST FUND
- EMPLOYER GROUP WELFARE FUND



60 BROAD STREET, 37TH FLOOR • NEW YORK, NY 10004 • (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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE REMEMBER TO ALWAYS KEEP YOUR ADDRESS CURRENT WITH THE FUND OFFICE**