

**CHANGE OF ADDRESS FORM**

(To be completed by participant)

**MICHIGAN CARPENTERS'**

**\*\*PLEASE TYPE OR 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): \_\_\_\_\_

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO:

MICHIGAN CARPENTERS'  
6525 Centurion Dr.  
Lansing, MI 48917-9275

*This Section for Fund Office use-ONLY*

*Date changed on BMS:* \_\_\_\_\_ *BY:* \_\_\_\_\_

*Date changed in Pension:* \_\_\_\_\_ *BY:* \_\_\_\_\_