



### CHANGE OF ADDRESS

<b>Participant's Name:</b>		
<b>Social Security Number:</b>		
<b>Date of Birth:</b>		
<b>Phone Number:</b>		
<b>Email Address:</b>		
<b>Old Address</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>New Address</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

I certify that I am a participant of the Electrical Workers Benefit Trust Fund, that the above information is correct, and authorize the changes to be made to my account. The person who submits this form states he/she is the participant for whom mail shall be forwarded under this change. Anyone submitting false claims or inaccurate information on this form is subject to legal action.

<b>Signature:</b>	<b>Date:</b>
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