

CHANGE OF ADDRESS FORM

This form is for ADDRESS CHANGES ONLY. This change will affect all correspondence mailed to you from this Fund Office **(NOT THE UNION LOCAL 11 OFFICE)**. The PARTICIPANT must sign this form.

Instructions:

1. Print legibly on the entire form.
2. Sign and mark effective date.
3. Fold form as to not reveal personal information, staple or tape closed.
4. Apply postage and return.

Fold Second

Place
Stamp
Here

**IRONWORKERS LOCAL 11
BENEFIT FUNDS & TRAINING FACILITY
12 EDISON PLACE
SPRINGFIELD, NJ 07081-1310**

Fold First

Name _____ **DOB** _____ **SSN** _____

Old Address _____

New Address _____

Telephone number(_____) - _____ **Local Number** _____

Participant Signature _____ **Date Effective** _____