

LOCAL 805 WELFARE FUND



Rod Gorham, Fund Administrator
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CHANGE OF ADDRESS FORM

I authorize the () Welfare Fund () Pension Fund to update my mailing address as follows:

MEMBER NAME: _____

Last

First

Middle Initial

SOCIAL SECURITY NUMBER: ___ / ___ / ____

OLD ADDRESS:

Street: _____

City: _____

State: _____

Zip Code: _____

NEW ADDRESS:

Street: _____

City: _____

State: _____ Zip Code: _____

New Telephone Number: _____

Effective Date of Change: _____

MEMBER'S SIGNATURE: _____ DATE: _____