

# Change of Address Form

This address change is for:  Participant and ALL Dependents  Participant ONLY  Dependent ONLY

Account Holder Name \_\_\_\_\_ Dependent Name *for dependent only changes* \_\_\_\_\_

Account Holder Union or Fund \_\_\_\_\_

Account Holder Birth Date [mm/dd/yyyy] \_\_\_\_\_ Account Holder Last Four Digits of Social Security Number \_\_\_\_\_

Account Holder Telephone Number \_\_\_\_\_

Account Holder Email Address \_\_\_\_\_

Mailing Address			Home Address (if different from mailing address)		
Address Line 1 [street]			Address Line 1 [street]		
Address Line 2 [unit, apartment or lot number]			Address Line 2 [unit, apartment or lot number]		
City	State	Zip Code	City	State	Zip Code

## Authorization

In order to make the requested address correction, the Fund Office requires that the Participant provides authorization by signing below. If the Participant has an authorized representative, please include a copy of power of attorney documentation.

*I hereby confirm that I am the participant stated above and I authorize the Fund Office to make the above adjustments to my personal account information.*

Signature \_\_\_\_\_ Representative/Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_

## Mail completed form to:

**Local No. 1 Trust Funds**  
**1431 Opus Place, Suite 350**  
**Downers Grove, IL 60515**

FOR ADMINISTRATIVE USE ONLY	
Date Received:	_____
Date Completed:	_____
Notes:	_____ _____ _____