

MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND
CHANGE OF ADDRESS

(TO BE COMPLETED BY THE PARTICIPANT)

PLEASE PRINT ALL INFORMATION

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS FROM:

TO:

TELEPHONE NUMBER _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: *This change cannot be made without participant signature.*)

RETURN THIS COMPLETED FORM TO:

MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND OFFICE
6525 Centurion Drive
Lansing, MI 48917-9275
(517) 321-7502
FAX (517) 321-7508
www.michiganelectrical.org

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____ *By:* _____

Date changed on BCBMS: _____ *By:* _____

Date changed on Pension: _____ *By:* _____