

## **CHANGE OF ADDRESS FORM**

(To be completed by participant)

### **SHEET METAL WORKERS LOCAL 20, GARY AREA PENSION FUND**

**\*\*PLEASE PRINT ALL INFORMATION\*\***

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT SOCIAL SECURITY OR ID NUMBER: \_\_\_\_\_

PARTICIPANT DATE OF BIRTH: \_\_\_\_\_

PLEASE CHANGE MY ADDRESS **FROM** (Old Address):

\_\_\_\_\_  
\_\_\_\_\_

**TO** (New Address):

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

THIS ADDRESS CHANGE TAKES PLACE: (EFFECTIVE DATE): \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO:

SHEET METAL WORKERS LOCAL 20, GARY AREA PENSION FUND  
6525 Centurion Dr.  
Lansing, MI 48917-9275

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*This Section for Fund Office use-ONLY*

*Date changed on BMS:* \_\_\_\_\_ *BY:* \_\_\_\_\_  
*Date changed in Pension:* \_\_\_\_\_ *BY:* \_\_\_\_\_