

Change of Address Form

If you change your address, please complete this form and return to the Fund Office. Please print all information and sign this form before returning to the Fund Office. The Fund's email, fax and mailing address are listed below.

Your Name

ID Number

Date of Birth

Local Union No.

YOUR OLD ADDRESS

Street

City

State

Zip Code

YOUR NEW ADDRESS

Street

City

State

Zip Code

I hereby authorize the Indiana Laborers Welfare Fund, Pension Fund and Defined Contribution Trust Fund to change my address as stated above:

Signature _____ Date _____

Indiana Laborers Welfare Fund, Pension Fund and Defined Contribution Trust Fund
PO Box 1587
Terre Haute, IN 47808
Fax: 812-238-1563
Email: info@indianalaborers.org