

**CHANGE OF ADDRESS**  
**(TO BE COMPLETED BY THE PARTICIPANT)**

FUND NAME: MICHIGAN LABORERS' FRINGE BENEFIT FUNDS

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

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

PARTICIPANT SOCIAL SECURITY NUMBER: \_\_\_\_\_

LOCAL UNION #: \_\_\_\_\_ PARTICIPANT DATE OF BIRTH: \_\_\_\_\_

PLEASE CHANGE MY ADDRESS FROM:

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

TO:

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

EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_

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

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

RETURN THIS COMPLETED FORM TO:

**MICHIGAN LABORERS' FRINGE BENEFIT FUNDS**  
**6525 Centurion Drive**  
**Lansing, MI 48917-9275**

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***THIS SECTION – FUND OFFICE USE ONLY***

*Date changed on BMS:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Date changed on BCBSM:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Date changed on Pension:* \_\_\_\_\_ *By:* \_\_\_\_\_