



Bricklayers Pension and Holiday Trust Funds  
Metropolitan Area

ADDRESS VERIFICATION CHANGE FORM

Date \_\_\_\_\_

In order to have verification of your requested address change for our files, please complete the information below and send this form back to BAC Local 2 Office. The address change will not take place until the form has been returned to BAC Local 2 Office and the Benefit Office has the proper authorization, in writing, with your signature.

Please return this form to:

BAC Local 2 Michigan  
21031 Ryan Road  
Warren, MI 48091

I, \_\_\_\_\_, authorize BAC Local 2 and the Benefit  
(Please Print Name)  
Fund Office to make the following change effective as of \_\_\_\_\_.  
(Date of Change)

MY NEW ADDRESS WILL BE:

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Telephone #

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Social Security #

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Member Signature

All correspondence will be sent to the address listed above as of the effective date listed.