



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:

Telephone #

Social Security #

Member Signature

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