



# INTERMOUNTAIN IRONWORKER'S TRUST FUNDS

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## ADDRESS VERIFICATION/CHANGE FORM

Reason for the address change form:

- ☐ Member Request
- ☐ We do not have a current address in our system.
- ☐ We are holding member's returned mail from the post office.

To verify the validity of a change of address, the following must be completed and returned to the Fund Office. **We cannot update your record with the new information until proper authorization is received.**

Failure to fully complete this form and return it to the Benefits Office will result in all benefits and correspondence pertaining to the Welfare and Pension Funds being placed in **pending** status until proper authorization is received.

Full Name: \_\_\_\_\_

New Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security or Ben ID #: \_\_\_\_\_

Marital Status:

- ☐ Single
- ☐ Married
- ☐ Legally Separated
- ☐ Divorced
- ☐ Widowed

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Effective Date of Address Change: \_\_\_\_\_