



Iron Workers' Local No. 25 Fringe Benefit Funds

P.O. Box 99219

Troy, MI 48099-9219

Phone: (248) 347-3100 Toll Free: (800) 572-8553 Fax: (248) 813-9898

Website: www.iw25fringe.org

CHANGE OF ADDRESS NOTICE

Member Full Name _____ Social Security No. _____
(PRINT)

If applicable:

Beneficiary/Ex-Spouse _____ Social Security No. _____
(PRINT)

*****Note: If you are the beneficiary or ex-spouse, please include the members name for reference. *****

Old Address _____

Street Address

City

State

ZIP+ 4

New Address _____

Street Address

City

State

ZIP+ 4

Telephone No. _____ / _____ Birth Date _____
Home Cell

Signature _____ Date _____
(Must be signed)



Reason you are receiving this form: _____