

Iron Workers St. Louis District Council Trust Funds

P.O. Box 1096 • Maryland Heights, MO 63043 • Phone 314.656.1091 • Toll Free 877.597.8704 • Fax 314.739.1105

ADDRESS VERIFICATION/CHANGE FORM

Reason for the address change form:

- ☐ Member Request
- ☐ We do not have a current address in our system – (In order to update an address in our system, we **must** have the member's/dependent's signature, verifying that the address given to us by the USPS or member's contractor is correct.)
- ☐ We are receiving/holding returned mail from the post office for _____.

In order 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, Pension and Annuity Funds being placed in **Pend** status until proper authorization is received.

Full Name: _____

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

Signature: _____

Date: _____ Effective Date of Address Change: _____