



Feel the Power

**LABORERS PENSION TRUST FUND
DETROIT AND VICINITY**

**P.O. Box 4450 Troy, Michigan 48099-4450
(248) 641-4942 (888) 822-4142**

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 the Fund Office using the address above. Your address change will not take place until the form has been returned to our office and we have the proper authorization, in writing, with your signature.

I, _____, authorize the Fund Office to make the
(Please Print Name)

following change effective as of _____.
(Date of Change)

MY NEW ADDRESS WILL BE:

Telephone Number

Social security Number

Participant Signature

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