

ST. LOUIS PAINTERS BENEFIT FUNDS

P.O. Box 1186

Maryland Heights, MO 63043

Tel (314) 656-1072 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
- We are holding member's returned mail from the post office

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, Annuity and Vacation Funds being placed in **Pend** 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: _____