

CHANGE OF ADDRESS
(TO BE COMPLETED BY THE PARTICIPANT)

*****PLEASE PRINT ALL INFORMATION*****

FUND NAME: Michigan BAC Fringe Benefit Funds

PARTICIPANT NAME: _____

PARTICIPANT MEMBER ID OR SS NUMBER.: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

THE ADDRESS LISTED BELOW IS CORRECT. NO CHANGE NEEDED.*

PLEASE CHANGE MY ADDRESS **FROM:**

PHONE NUMBER 1: _____ PHONE NUMBER 2: _____

TO:

PHONE NUMBER 1: _____ PHONE NUMBER 2: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: This change cannot be made without participant signature)

RETURN THIS COMPLETED FORM TO:

FUND OFFICE
6525 Centurion Drive
Lansing, MI 48917 – 9275

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____ By: _____

Date changed on BCBSM: _____ By: _____

Date changed on Pension: _____ By: _____