

CHANGE OF ADDRESS

TO BE COMPLETED BY PARTICIPANT

MICHIGAN BAC PENSION FUND

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

PARTICIPANT NAME: _____

SOCIAL SECURITY NUMBER OR ID#: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS FROM:

TO:

TELEPHONE NUMBER: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(This change cannot be made without Participant signature.)

RETURN THIS COMPLETED FORM TO:

MCHIGAN BAC PENSION FUND OFFICE
6525 Centurion Drive
Lansing, MI 48917-9275
(517) 321-7502 • Toll Free ((800) 531-2244
Fax (517) 321-7508

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____ *By:* _____

Date changed on BCBSM: _____ *By:* _____

Date changed on Pension: _____ *By:* _____