

CHANGE OF ADDRESS FORM

(To be completed by participant)

CONSTRUCTION INDUSTRY RETIREMENT FUND OF ROCKFORD, ILLINOIS

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

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER OR ID: _____

PARTICIPANT DATE OF BIRTH: _____

CURRENT ADDRESS:

NEW ADDRESS:

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS COMPLETED FORM TO:

Fringe Benefit Funds – CIRF

6525 Centurion Dr.

Lansing, MI 48917-9275

(To return by facsimile, Fax to 517-321-7508)

This Section for Fund Office use-ONLY

Date changed on BMS: _____

BY: _____

Date changed at Wells Fargo: _____

BY: _____