



9411 Philadelphia Road, Suite S
 Baltimore MD 21237
 (410) 444-3750 Fax (410) 444-0035

Change of Address Form

Please use this form to change your address and/or telephone number. This form must be completed and signed by the **Member**.

Print or Type

Benefit Fund			
Last Name	First Name	Middle Initial	Maiden Name
Social Security Number		Date of Birth	Sex

(Old) Former Address

Street Address	City, State, Zip
Former Telephone Number (include area code)	

(New) Current Address

Street Address	City, State, Zip
Home Telephone Number (include area code)	Alternate Telephone Number (include area code)
Email address	

By affixing my signature hereto, I hereby certify that this change of address form is true and correct of my own knowledge. I hereby acknowledge that this change of address form will be relied upon by the Funds in compliance with its reporting requirements established pursuant to federal law. I further certify that the signature provided on this form is the signature of the participant referenced above, and acknowledge that any falsification of this document will be subject to all civil and criminal penalties available at law.

 Member Signature

 Date