

LABORERS' PENSION FUND
CHANGE OF ADDRESS STATEMENT

Pension Recipient's Name: _____

Social Security Number: - -

Old Address: _____
Street Address

City, State, Zip Code

Old Phone Number: (_____) _____ - _____

New Address: _____
Street Address

City, State, Zip Code

New Phone Number: (_____) _____ - _____



PLEASE CHECK THIS BOX IF YOU ARE RECEIVING A PENSION CHECK FROM OUR OFFICE

Pension Recipient's Signature

Date

**INSTRUCTIONS FOR
CHANGE OF ADDRESS STATEMENT**

This form is for an ADDRESS CHANGE only. This change will affect all correspondence mailed to you from the Fund Office. The PENSION RECIPIENT must sign this form.

1. Print your entire form legibly, sign and return to the Fund Office.
2. To fax this form, use (708) 562-0790 to send directly to the Pension Department.
3. To mail, place in a #10 envelope, apply First Class postage and mail to:

**ATTN: PENSION DEPARTMENT
LABORERS' PENSION FUND
11465 W CERMAK RD
WESTCHESTER IL 60154-5768**

**Telephone: (708) 562-0200 ext. 530 for Pension Department
Toll free: (866) 906-0200**