



The Benefit Fund Office will only change an address if we receive written authorization.

If you would like to change your address. Please print this page, fill it out and mail it to:

Local 4 Benefit Funds Office - P.O. Box 680 - Medway, MA 02053-0680 - Fax: 508.533.1425

Please print clearly

New Address

Name	
Adr1	
Adr2	
City	
State	
Zip	

Old Address

Name	
Adr1	
Adr2	
City	
State	
Zip	

Member Name (print)	Date:
Member Signature	S.S. #
Phone Number	