

**I.B.E.W. LOCAL 9 AND LINE CLEARANCE  
CONTRACTORS 401k RETIREMENT PLAN**

**CHANGE OF ADDRESS  
(TO BE COMPLETED BY THE PARTICIPANT)**

FUND NAME: \_\_\_\_\_

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

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT SOCIAL SECURITY NUMBER: \_\_\_\_\_

LOCAL UNION #: \_\_\_\_\_ PARTICIPANT DATE OF BIRTH: \_\_\_\_\_

PLEASE CHANGE MY ADDRESS FROM:

\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

(NOTE: *This change cannot be made without participant signature.*)

RETURN THIS COMPLETED FORM TO:

I.B.E.W. LOCAL 9 LINE CLEARANCE AND CONTRACTORS 401k RETIREMENT PLAN  
6525 Centurion Drive  
Lansing, MI 48917-9275  
ATTN: PENSION DEPT.

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**THIS SECTION – FUND OFFICE USE ONLY**

*Date changed on Pension:* \_\_\_\_\_ *By:* \_\_\_\_\_

PLEASE GIVE THIS YOUR **IMMEDIATE** ATTENTION! THANK YOU.