

## \*\*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 chan	ge cannot be made without participant signature
RETURN THIS COMPLETED FORM TO: Plumbers and Pipefitters Local 172 6525 Centurion Drive Lansing, MI 48917-9275	
THIS SECTION – FUND OFFICE USE ONLY	
Date changed on BMS  Date changed on Pension:  Date changed at BPAS:	By: