

CHANGE OF ADDRESS FORM
(To be completed by participant)

UPPER PENINSULA PLUMBERS' & PIPEFITTERS'
DEFINED CONTRIBUTION PLAN
****PLEASE PRINT ALL INFORMATION****

Participant Social Security Number (NNN-NN-NNNN): _____

Participant Full Name (first, middle, last): _____

Participant Date of Birth (MM/DD/YYYY): _____ Local Union #: _____

PLEASE CHANGE MY ADDRESS

FROM (old address):

(Complete physical address; including street number, street, city, state and zip code)

TO (new address):

(Complete physical address; including street number, street, city, state and zip code)

Address Change Effective Date (MM/DD/YYYY): _____

Participant Signature: _____

PLEASE RETURN THIS COMPLETED FORM TO:

Upper Peninsula Plumbers' & Pipefitters' Defined Contribution Plan
6525 Centurion Dr.
Lansing, MI 48917-9275

This Section for Fund Office use-ONLY

Date changed on BMS _____ *BY:* _____

Date changed on DMM _____ *BY:* _____

Date changed in Pension _____ *BY:* _____