

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

FUND NAME: **BRICKLAYERS LOCAL UNION NO. 1 OF KENTUCKY PENSION FUND**

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:** \_\_\_\_\_

RETURN THIS COMPLETED FORM TO:

**BRICKLAYERS LOCAL UNION NO. 1 OF KENTUCKY PENSION FUND**

**6525 Centurion Drive**

**Lansing, MI 48917-9275**

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***THIS SECTION – FUND OFFICE USE ONLY***

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

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

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