

**MICHIGAN BAC PENSION FUND**  
**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:

BRICKLAYERS' LOCAL NO 6 OR 9

---

**THIS SECTION – FUND OFFICE USE ONLY**

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

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

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