

## Change of Address Form

This form is for ADDRESS CHANGES ONLY. This change will affect all correspondence mailed to you from this Fund Office. The PARTICIPANT must sign this form.

### Instructions:

1. Print legibly on the entire form.
2. Sign and mark effective date.
3. Fold form as to not reveal personal information, staple or tape closed.
4. Apply postage and return.

Fold Second

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Place  
Stamp  
Here

**DISTRICT COUNCIL IRONWORKERS FUNDS OF NORTHERN NJ  
12 EDISON PLACE  
SPRINGFIELD, NJ 07081-1310**

Fold First

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Old Address** \_\_\_\_\_  
\_\_\_\_\_

**New Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone number**( \_\_\_\_\_ ) - \_\_\_\_\_ **Local Number** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date Effective** \_\_\_\_\_