

**New Jersey Building Laborers Statewide Benefit Funds**  
485 US-1, Building B, Suite B401, Iselin, NJ 08830  
Main: (201) 963-0633 - Toll Free: (866) 999-0300 - Fax: (201) 963-1563

**CHANGE OF ADDRESS FORM**

Please complete the information below; sign, date, and return this form via mail or fax, as listed above.

**\*\*\*\*PLEASE PRINT ALL INFORMATION\*\*\*\***

**NAME OF MEMBER:**

\_\_\_\_\_  
LAST FIRST MIDDLE

**MEMBER SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**MEMBERS DATE OF BIRTH:** \_\_\_\_\_ **LOCAL UNION #:** \_\_\_\_\_  
MONTH/DAY/YEAR

**PRIOR ADDRESS:**

\_\_\_\_\_  
STREET APT. NO. CITY STATE ZIP

**CURRENT/NEW ADDRESS:**

\_\_\_\_\_  
STREET APT. NO. CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
CELL/OTHER PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

*\*For Office Use Only\* V-2.1*

DEPT: \_\_\_\_\_

INITIALS: \_\_\_\_\_

DATE: \_\_\_\_\_