



*Laborers' and Retirement Board Employees'
Annuity and Benefit Fund of Chicago*

Address/Phone Number Change Form

Current Date: _____

Office ID # or Date of Birth _____

Member's Full Name: _____

Please Print

Member Status: Actively Employed On Disability Retired Widow

What is the effective date of the change? _____

Is this a temporary change? YES NO

Do You Have Direct Deposit? YES NO

Should we continue your direct deposit? YES NO

NEW ADDRESS & PHONE NUMBER

Street _____ Apt or Unit Number _____

City _____ State _____ Zip+4 _____

Primary Phone Number (_____) _____

Alternate Phone Number (_____) _____

Email Address: _____

Member's Signature: _____

Mail or Fax Form To:

*LABF • 321 N Clark St • Suite 1300 • Chicago IL 60654-4739
Fax (312) 236-0574*