



LABORERS' AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

CHANGE OF ADDRESS FORM

Date _____

Office No: _____

MEMBER STATUS (Circle one): Active Employee Inactive Employee On Disability On Annuity

NAME (Please print): _____

EFFECTIVE DATE OF CHANGE? _____

FOR MEMBERS ON ANNUITY ONLY

Is this a permanent change of address to a new state (choose one)? Yes No

If you elected YES, the following will occur:

- 1. Withholding elections in your existing State will be cancelled and a default of "no withholding" will be established in your new State.
2. If you wish to change your new State's tax election, please submit your election changes in writing separately.

NEW ADDRESS & PHONE NUMBER

STREET Apt or Unit Number

CITY STATE ZIP+4

PHONE NUMBER(S) () / ()

EMAIL ADDRESS: _____

SIGNATURE DATE

Change of Address Form may be submitted by:

Mail to: LABF 321 North Clark Street, Suite 1300 Chicago IL 60654-4739 OR Fax to: 312-236-0574