



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? _____

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 _____

HOME PHONE NUMBER (_____) _____

CELL PHONE NUMBER (_____) _____

EMAIL ADDRESS: _____

SIGNATURE _____ DATE _____

Change of Address Form may be submitted by:

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