



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 or ORDINARY DISABILITY

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

- If you checked YES, the State listed in your new address will be used for State income tax reporting.
If your change of address is NOT a permanent change you will need to write in the State that is to be designated as your State Tax Election

\*\*I DESIGNATE the State of \_\_\_\_\_ as my preferred election for withholding State taxes

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 OR Fax to: 312-236-0574
150 North Wacker Drive, Suite 800
Chicago IL 60606-1624