



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
 150 North Wacker Drive, Suite 800
 Chicago IL 60606-1624

OR Fax to: 312-236-0574