ELECTRICAL INDUSTRY BOARD

372 Vanderbilt Motor Parkway, Hauppauge, NY 11788-5133
631-434-3344

CHANGE OF ADDRESS FORM

Please change your record of address for the below participant on file with the I.B.E.W. Local 25 Health & Benefit Fund, I.B.E.W. Local 25 Pension Fund, I.B.E.W. Local 25 401(k) Fund, Annuity Fund of the Electrical Industry of Long Island and/or the I.B.E.W. Local 25 Vacation/Holiday Trust Fund. Please note that if you are retired receiving benefits paid through the Prudential Insurance Company on behalf of the I.B.E.W. Local 25 Pension Fund, you must contact Prudential directly at 1-800-621-1089.

Participant's Name:_____ Social Security #: _____

Previous Address: _____

_____ Telephone Number: _____

New Address: _____

_____ Telephone Number: _____

Date _____Signature of Participant _____

Signatures that are not notarized will not be accepted.

STATE OF)
) ss.:
COUNTY OF)

On this ____ day of_____, 20____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the foregoing and acknowledged to me that (s)he executed the same in his/her capacity.

_____
NOTARY PUBLIC

(Seal)