



## CONTACT INFORMATION CHANGE NOTICE

(PLEASE PRINT OR TYPE)

NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

### OLD ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

### NEW ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

DATE NEW ADDRESS EFFECTIVE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Please update your contact information with the following as applicable to you:**

- **WI Carpenters Benefit Funds change form:** [https://www.ncscbf.com/webfiles/fnitools/documents/address\\_change.pdf](https://www.ncscbf.com/webfiles/fnitools/documents/address_change.pdf)
- **Wilson McShane change form:** [https://www.carpentersandjoinersbenefits.com/docs/01%20General%20Forms/Change\\_of\\_address\\_card.pdf](https://www.carpentersandjoinersbenefits.com/docs/01%20General%20Forms/Change_of_address_card.pdf)
- **Credit Union Address change form:** <https://mycarpenterscu.org/disclosures/change-of-membership-agreement/>
- **Training Center change form:** <https://www.carpenterstraininginstitute.org/about-us/contact-us/>
- **Building Trades United Pension Trust Fund:** [www.thepensionfund.com](http://www.thepensionfund.com)
- **Eastern Iowa Health and Welfare:** (319) 366-3623

#### FOR ADMINISTRATIVE USE ONLY

NOTES:

DATE RECEIVED: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_