

**IBEW LOCAL 701 BENEFIT FUNDS**  
**CHANGE OF ADDRESS and / or NAME**

Local 701 Unique I.D. # \_\_\_\_\_ OR SSN # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

**Former Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**New Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone E-Mail

**FOR NAME CHANGE:**

Local 701 Unique I.D. # \_\_\_\_\_ OR SSN # \_\_\_\_\_

**Former Name:**  
\_\_\_\_\_  
Last First Middle Initial

**New Name:**  
\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*