

**MICHIGAN ELECRICAL PENSION FUND**  
**CHANGE OF ADDRESS**  
**(TO BE COMPLETED BY THE PARTICIPANT)**

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

**\*\*PLEASE PRINT ALL INFORMATION\*\***

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

PARTICIPANT SOCIAL SECURITY NUMBER: \_\_\_\_\_

LOCAL UNION #: \_\_\_\_\_ PARTICIPANT DATE OF BIRTH: \_\_\_\_\_

PLEASE CHANGE MY ADDRESS FROM:

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

TO:

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

EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_

PARTICIPANT SIGNITURE: \_\_\_\_\_

(NOTE: *This change cannot be made without participant signature.*)

RETURN THIS COMPLETED FORM TO:

FUND OFFICE  
6525 Centurion Drive  
Lansing, MI 48917-9275

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**THIS SECTION – FUND OFFICE USE ONLY**

*Date changed on BMS:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Date changed on BCBMS:* \_\_\_\_\_ *By:* \_\_\_\_\_

*Date changed on Pension:* \_\_\_\_\_ *By:* \_\_\_\_\_