

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 98 BENEFIT FUNDS

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HEALTH & WELFARE FUND
PENSION FUND
ANNUITY FUND
J L M COOPERATIVE TRUST



MICHELLE SCHWEITZER
FUND ADMINISTRATOR

Address Change Form

The Fund Office can only change an address when it is received in writing.
Please complete this form and return it to the Local 98 Fund Office.

Please print clearly

Last Name First Name Middle Initial

Social Security No. Date of Birth

New Address:

Street and/or PO Box

City State Zip Code

Signature

Date