



## Carpenters Benefit Funds

350 Fordham Road  
Wilmington, MA 01887  
www.carpentersfund.org  
Phone 978-694-1000  
Fax 978-752-1164

### VERIFICATION OF ADDRESS FOR PENSION, ANNUITY, HEALTH AND VACATION SAVINGS FUND

Please **PRINT IN INK** the following information, **sign**, and return by mail to:  
Carpenters Benefit Funds, ATTN: Member Services, 350 Fordham Rd, Wilmington, MA 01887  
or fax to: **978-752-1164**.

Member Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ UBC#: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initiation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Local #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

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

Country: \_\_\_\_\_

My phone number is (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Former Address: \_\_\_\_\_

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

Country: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Comments: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_