



BAC Local Union 15 Fringe Benefit Funds

PO Box 909500 • Kansas City, MO 64190-9500

Phone (816) 777-2668 • Toll Free (833) 479-9428 • Fax (816) 756-3659

Change of Address Form

This address change is for: Participant and ALL Dependents Participant ONLY Dependent ONLY

Account Holder Name _____ Dependent Name *for dependent only changes* _____

Account Holder Union or Fund _____

Account Holder Birth Date [mm/dd/yyyy] _____ Account Holder Last Four Digits of Social Security Number _____

Account Holder Telephone Number _____

Account Holder Email Address _____

Mailing Address			Home Address (if different from mailing address)		
Address Line 1 [street]			Address Line 1 [street]		
Address Line 2 [unit, apartment or lot number]			Address Line 2 [unit, apartment or lot number]		
City	State	Zip Code	City	State	Zip Code

Authorization

In order to make the requested address correction, the Fund Office requires that the Participant provides authorization by signing below. If the Participant has an authorized representative, please include a copy of power of attorney documentation.

I hereby confirm that I am the participant stated above and I authorize the Fund Office to make the above adjustments to my personal account information.

Signature _____ Representative/Power of Attorney _____ Date _____

Mail completed form to:

BAC Local Union 15
Fringe Benefit Funds
Attn: Mail Services
PO Box 909500
Kansas City, MO 64190

via e-mail: BAC-Eligibility@wilson-mcshane.com

via fax: (816) 756-3659
Attn: Mail Services

FOR ADMINISTRATIVE USE ONLY
Date Received: _____
Date Completed: _____
Notes: _____

