

**FOX VALLEY LABORERS FUND OFFICE**  
**2371 Bowes Road, Suite 500**  
**Elgin, IL 60123-5523**

Subject: **Change of Address**

To receive any benefits to you, it is very important that you keep the Fund Office informed of your most current address. We are unable to change your records without written authorization, so please complete the section below and return it to the Fund Office.

**Name:** \_\_\_\_\_  
(Please Print)

**FVL#:**            or

**SSN#:**    -   -

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip code:**      -

**Home Phone:**    -    -

**Cell Phone:**    -    -

**E-mail:** \_\_\_\_\_ **Local Union #:** \_\_\_\_\_

**I authorize the Fox Valley Laborers Fund Office to change my records as indicated above.**

\_\_\_\_\_  
**Participant's Signature**

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