

**MILLWRIGHTS' LOCAL No. 1102 SUPPLEMENTAL PENSION PLAN**  
**CHANGE OF ADDRESS**  
**(TO BE COMPLETED BY THE PARTICIPANT)**

**\*\*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 SIGNATURE:** \_\_\_\_\_

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

RETURN THIS COMPLETED FORM TO:

**Millwrights' Local No. 1102 Supplemental Pension Plan**  
**6525 Centurion Drive**  
**Lansing, MI 48917-9275**

***THIS SECTION – FUND OFFICE USE ONLY***

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

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