
SMART Local 265

Fringe Benefit Funds

205 Alexandra Way, Carol Stream, IL 60188-2080

Telephone: (630) 668-7260 • FAX: (630) 668-7338 • benefits@smart265funds.org

Change of Address

Please print all information

Name: _____ SSN: XXX-XX-_____

Email Address: _____ Phone Number: _____

Primary Address: _____

City, State and Zip Code: _____

Dates residing at this address: From: _____ To: _____
(Only complete if you have a secondary address)

If you have a secondary address you live at for a period of time (example: winter months), please complete the section below:

Secondary Address: _____

City, State and Zip Code: _____

Dates residing at this address: From: _____ To: _____

The member must sign this form to make any address changes.

If the Power of Attorney or Guardian is signing on behalf of the member, please submit documentation to the Fund Office.

Signature

Date