

**CHANGE MY MAILING ADDRESS FOR:**  
**(Check all that apply)**

JIB CORRESPONDENCE

ANNUITY CHECK ONLY

LOCAL #3

PENSION CHECK ONLY

PENSION & ANNUITY CHECKS

MEDICAL DEPARTMENT

EMPLOYEES SECURITY FUND

(For members of the Fixture, Manufacturing, or Supply Divisions)

***This change also applies to the Deferred Salary Plan. The Joint Industry Board will notify Mercer of this change of address. Please complete ALL sections.***

---

---

*Please Print*

Date: \_\_\_\_\_

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

Union Card No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Old Address: \_\_\_\_\_

*Street*

*Apt. No.*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

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

*Street*

*Apt. No.*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

Home Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Email Address

Cell Phone # \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**Please mail completed form to: Members Records Department, Joint Industry Board of the Electrical Industry, 158-11 Harry Van Arsdale Jr. Avenue, Flushing, NY 11365.**

---

---

**FOR OFFICE USE ONLY**

**ADDRESS CHANGED:**

\_\_\_\_\_ Members Records    \_\_\_\_\_ Annuity    \_\_\_\_\_ Local 3

\_\_\_\_\_ Pension    \_\_\_\_\_ Medical Department    \_\_\_\_\_ ESF