

If you have a change of address please Mail, Email, or Fax to:

**MICHIGAN UP IBEW PENSION PLAN
130 W. WASHINGTON STREET, SUITE L-9
MARQUETTE, MI 49855
EMAIL: UPIBEWPENSIONPLAN@GMAIL.COM
FAX (906) 226-2221**

CHANGE OF ADDRESS

Plan Participant Name: _____
(First) (Middle) (Last)

NEW ADDRESS:

Street: _____

City, Zip: _____

Temporary _____ **OR** Permanent _____

Effective Date: _____

Phone Number: _____

Email: _____

FORMER ADDRESS:

Street: _____

City, Zip: _____

**IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE PLAN OFFICE
AT (906) 226-2414.**