

# NEW YORK DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS

## UNION TRUSTEES

Joe Geiger  
Co-Chairman  
Paul Capurso  
Michael Cavanaugh  
Stephen McInnis  
John Sheehy  
Paul Tyznar

395 Hudson Street  
New York, N.Y. 10014  
Telephone (212)-366-7300  
Fax (212)-366-3326

## MANAGEMENT TRUSTEE

David T. Meberg  
Co-Chairman  
Catherine Condon  
John DeLollis  
Joseph Kaming  
Paul O'Brien  
Kevin O'Callaghan

Dear Participant,

According to the guidelines of the New York City District Council of Carpenters Benefit Funds, all address changes must be done in person at the Fund Office with a valid photo ID, or by returning an original notarized change of address form by mail. **Faxed change of address forms will not be accepted.**

Change of address forms can be found on the Benefit Funds' Website ([www.nyccbf.com](http://www.nyccbf.com)) under Member Documents, or you may contact the Fund office to have a change of address form mailed to you.

If you have any further questions, please feel free to contact the NYCDCC Benefit Funds at 1-800-529-3863.

Thank you,

NYCDCC Benefit Funds

## **CHANGE OF ADDRESS NOTICE**

PLEASE MAIL BACK TO: NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS  
BENEFIT FUNDS  
395 HUDSON STREET, 9<sup>th</sup> FL - MEMBER SERVICES  
NEW YORK, NY 10014

NAME (PLEASE PRINT) : \_\_\_\_\_  
First M.I. Last Suffix

SOCIAL SECURITY # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LOCAL UNION # : \_\_\_\_\_ UBC # : \_\_\_\_\_ - \_\_\_\_\_

NEW ADDRESS : \_\_\_\_\_

APT # \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (ZIP +4)

HOME PHONE # : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE # : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

OLD HOME ADDRESS : \_\_\_\_\_

\_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(MEMBER'S SIGNATURE)

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_,  
personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to  
the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature  
on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Signature of Notary Public