

*****THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC*****

CHANGE OF ADDRESS NOTICE

**TO: NEW YORK DISTRICT COUNCIL CARPENTERS BENEFIT FUNDS
395 Hudson Street, 8TH FLOOR
New York, NY 10014
PH: 212-366-7300
Fax: 212-366-3364**

NAME (PLEASE PRINT): _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

LOCAL UNION #: _____ U.B.C. # _____

ADDRESS: _____ Apt# _____

_____, _____ - _____
(CITY) (STATE) ZIP CODE (ZIP+4)

TELEPHONE : _____
(AREA CODE) (NUMBER)

PREVIOUS ADDRESS: _____

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day
of _____, 2008.
Month

MEMBER SIGNATURE

Subscribed and sworn to before me this
_____ day of _____, 2008
Month

Notary Public