



**BRICKLAYERS & ALLIED CRAFTWORKERS INSURANCE  
BENEFIT TRUST FUND OF ALBERTA AND SASKATCHEWAN**

**CHANGE OF ADDRESS REQUISITION**

**MEMBER INFORMATION**

|              |                    |                             |                          |
|--------------|--------------------|-----------------------------|--------------------------|
| LAST NAME    | FIRST NAME         |                             |                          |
| LOCAL UNION  | CERTIFICATE NUMBER | DATE OF BIRTH<br>(MM/DD/YY) | GENDER<br>Male<br>Female |
| PHONE NUMBER | EMAIL ADDRESS      |                             |                          |

**NEW ADDRESS**

|         |          |              |                |
|---------|----------|--------------|----------------|
| ADDRESS |          | PHONE NUMBER |                |
| CITY    | PROVINCE | POSTAL CODE  | E-MAIL ADDRESS |

**OLD ADDRESS**

|         |          |              |                |
|---------|----------|--------------|----------------|
| ADDRESS |          | PHONE NUMBER |                |
| CITY    | PROVINCE | POSTAL CODE  | E-MAIL ADDRESS |

**SIGNATURE**

|   |      |
|---|------|
| Please note we cannot change your address without your signature. |      |
| (MM/DD/YY)  |      |
| SIGNATURE OF MEMBER   | DATE |