

# Change of Address, Dependents, and Beneficiary Form

Mail Completed Form to:  
 B&C Trust Funds  
 10401 Connecticut Avenue  
 Kensington, MD 20895

## PARTICIPANT INFORMATION (Please print)

LAST NAME		FIRST NAME IN FULL		MIDDLE NAME IN FULL	
CURRENT ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	EMPLOYERS NAME		LOCAL UNION NO.		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

## NOTICE OF CHANGE OF ADDRESS OR NAME AND ADD ON DEPENDENT

REASON FOR CHANGE (Please check the appropriate boxes):

- Above address is my **NEW** address
- To advise that I have been married and to add the name of my spouse  
 Note: If employee is female,  
 provide maiden name: \_\_\_\_\_
- Add name of new born child / Delete name of my spouse or child

CHECK ONE		LIST PERSON TO BE ADDED OR DELETED	RELATION TO YOU (CHECK COLUMN)				DATE OF BIRTH		
ADD	DELETE		WIFE	HUSB.	SON	DAUGH	MONTH	DAY	YEAR

## CHANGE OF BENEFICIARY

The Fund Office is hereby requested to make the following changes in connection with my Death Benefit.  
 CHANGE BENEFICIARY TO: (Give Name(s) and Relationship)

\_\_\_\_\_

\_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_

Witness: \_\_\_\_\_ Personal Signature of Employee: \_\_\_\_\_

**All signatures to be in ink**

For Office Use Only
Recorded By: _____ Date: _____