

**TEAMSTERS UNION LOCAL 231
MEMBER INFORMATION CHANGE FORM**

EMPLOYEE NAME _____

EMPLOYED BY _____ ACTIVE _____ RETIRED _____

ADDRESS _____

STREET

CITY

STATE

ZIP

TELEPHONE NUMBER _____ SOCIAL SECURITY # _____

IF NAME CHANGE: PREVIOUS NAME _____

NEW NAME _____

IF BENEFICIARY CHANGE:

BENEFICIARY NAME _____ RELATIONSHIP _____

ADDRESS _____

BENEFICIARY NAME _____ RELATIONSHIP _____

ADDRESS _____

BENEFICIARY NAME _____ RELATIONSHIP _____

ADDRESS _____

REQUEST FOR NAME, BENEFICIARY AND ADDRESS CHANGES **MUST** BE SIGNED BY THE **MEMBER**

SIGNATURE OF TEAMSTER MEMBER

DATE SIGNED