National Electrical Benefit Fund

1099 ADDRESS CHANGE / CORRECTIONS **(PLEASE PRINT)**

Participant SSN

Recipient SSN

Recipient Name _____
First Middle Last

NEW ADDRESS INFORMATION

Is this a temporary change of address? ☐ Yes ☐ No

If yes: Start Date / / to End Date / /

Provide the year(s) you are requesting: _____

New Address Line 1

New Address Line 2

City State ZipCode

Phone Number

OLD ADDRESS INFORMATION

Old Address Line 1

Old Address Line 2

City State ZipCode

Signature

PLEASE do not forget to sign this form.

When you have a change of address, please let us know. Be sure to include your old address and please don't forget to fill in the participant's Social Security Number and Date of Birth. This information will be helpful in checking and keeping our records accurate.

Fax or mail this form to NEBF, 2400 Research Blvd, Suite 500, Rockville, MD 20850-3266. Fax (301)869-4322

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