
PAINTERS INSURANCE, PENSION & VACATION FUNDS

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GREGORY J. KAZMIERSKI ~ ADMINISTRATOR

DATE: _____

MEMBER NAME: _____

YOUR NAME: _____

MEMBER ID# (last 4 of SSN): _____

YOUR ID# (last 4 of SSN): _____

I have recently moved and would like to change my address to the following:

Signed: _____

Current Phone Number(s): _____