## **CHANGE OF ADDRESS FORM**

	mber (only last four digits required)
	mber (only last four digits required)
Participant Name Social Security Nur	
Phone Number Email Address	
New Address:	
Street Address	
City State	ZIP Code
PART 2—APPLICABLE TRUST FUNDS	
In which trust funds do you participate?	
<ul><li>Southern California Pipe Trades Trust Funds</li><li>Inland Refrigeration &amp; Air Conditioning Trust Funds</li></ul>	
Landscape, Irrigation and Lawn Sprinkler Industry Trust Funds	
Are you a Southern California Pipe Trades pensioner or surviving spouse?  Yes No	
PART 3—AUTHORIZATION	
I understand that this Change of Address Form may update the records of Southern California Pipe Trades Administrative Corporation, including the Stunds, the Inland Refrigeration & Air Conditioning trust funds, and the Land Industry trust funds. I understand that because some mailings, such as before the postmark date, I should submit this form at least two weeks before	Southern California Pipe Trades trust dscape, Irrigation and Lawn Sprinkler pension checks, are processed well
X Participant Signature Date	

## **MUST BE SIGNED and DATED**