CHANGE OF ADDRESS FORM

| PART 1—PARTICIPANT INFOR | MATION | | |
|--|---|---|--|
| | | | |
| | | | |
| Participant Name | Social Security Number | Social Security Number (only last four digits required) | |
| | | | |
| Phone Number | Email Address | | |
| New Address: | | | |
| Street Address | | | |
| City | State | ZIP Code | |
| PART 2—APPLICABLE TRUST | FUNDS | | |
| In which trust funds do you participa | te? | | |
| <u> </u> | | | |
| Southern California Pipe Tra | | | |
| Inland Refrigeration & Air Co | · · | | |
| Landscape, Irrigation and La | awn Sprinkler Industry Trust Funds | | |
| Are you a Southern California Pipe | Trades pensioner or surviving spouse? | | |
| Yes No | | | |
| | | | |
| PART 3—AUTHORIZATION | | | |
| | ddress Form may update the records of a | | |
| | ministrative Corporation, including the Sou Conditioning trust funds, and the Landsc | | |
| Industry trust funds. I understand the | hat because some mailings, such as per | nsion checks, are processed well | |
| before the postmark date, I should s | submit this form at least two weeks before | the address change is effective. | |
| X | | | |
| Participant Signature | Date | | |

MUST BE SIGNED and DATED

