



# CHANGE OF ADDRESS FORM

## PART 1—PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_ 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 participate?

- Southern California Pipe Trades Trust Funds
- Inland Refrigeration & Air Conditioning Trust Funds
- 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 all trust funds administered by the Southern California Pipe Trades Administrative Corporation, including the Southern California Pipe Trades trust funds, the Inland Refrigeration & Air Conditioning trust funds, and the Landscape, Irrigation and Lawn Sprinkler Industry trust funds. I understand that because some mailings, such as pension checks, are processed well before the postmark date, I should submit this form at least two weeks before the address change is effective.

X \_\_\_\_\_  
 Participant Signature

\_\_\_\_\_ Date

**MUST BE SIGNED and DATED**

