



## CHANGE OF ADDRESS



UNLESS OTHERWISE INSTRUCTED  
**THIS CHANGE OF ADDRESS**  
WILL BE APPLIED TO **ALL** RECORDS OF THE  
**CARPENTERS UNION, APPRENTICESHIP TRAINING COMMITTEE,**  
**& THE CARPENTERS TRUST FUNDS**

INCLUDING  
HEALTH & WELFARE, VACATION, PENSION & ANNUITY  
RECORDS AND PAYMENTS

<b>(PLEASE PRINT) NAME:</b>		
<b>I. D. # OR S. S. #:</b>		<input type="checkbox"/> <b>ACTIVE</b> <input type="checkbox"/> <b>RETIRED</b>
<b>STREET ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PHONE #:</b>	<b>EMAIL ADDRESS:</b>	
<b>EFFECTIVE DATE OF CHANGE:</b>	<b>LOCAL UNION:</b>	
<b>SIGNATURE:</b>	<b>DATE SIGNED:</b>	

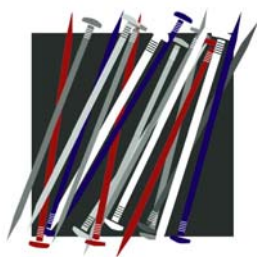
COMPLETE THE SECTION BELOW  
**ONLY IF YOU REQUIRE A DIFFERENT MAILING ADDRESS FOR YOUR**  
**TRUST FUND OFFICE CORRESPONDENCE**

PENSION, ANNUITY, HEALTH & WELFARE AND VACATION  
STATEMENT MAILINGS, BENEFIT PAYMENTS, AND BENEFIT NOTICES

<b>(PLEASE PRINT) NAME:</b>		
<b>I. D. # OR S. S. #:</b>		<input type="checkbox"/> <b>ACTIVE</b> <input type="checkbox"/> <b>RETIRED</b>
<b>STREET ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PHONE #:</b>	<b>EMAIL ADDRESS:</b>	
<b>EFFECTIVE DATE OF CHANGE:</b>	<b>LOCAL UNION:</b>	
<b>SIGNATURE:</b>	<b>DATE SIGNED:</b>	

### MAIL OR FAX THIS FORM TO:

CARPENTER FUNDS ADMINISTRATIVE OFFICE  
OF NORTHERN CALIFORNIA, INC.  
265 HEGENBERGER ROAD, SUITE 100 - OAKLAND, CA 94621  
PHONE (510) 633-0333 OR (888) 547-2054



FAX (510) 633-0215

