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

