

# Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension



## ADDRESS VERIFICATION CHANGE FORM

In order to have verification of your requested address change for our files, please complete the information below and send this form back to the Benefit Office. The address change will not take place until the form has been returned to our office and we have the proper authorization, in writing along with your signature.

I, \_\_\_\_\_, authorize the Benefit Fund office to make the  
(Please Print Name)  
following change effective as of \_\_\_\_\_.  
(Date of Change)

Member ID or SSN: \_\_\_\_\_

My Old Address Was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My New Address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_