

**SOLANO AND NAPA COUNTIES ELECTRICAL WORKERS  
BENEFIT FUNDS  
PO BOX 1306  
SAN RAMON, CA 94583**

**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 Fund 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  
(Please Print Name)  
Office to make the following change effective as of \_\_\_\_\_.  
(Date of Change)

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

My Old Address Was:

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My New Address is:

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Telephone # \_\_\_\_\_

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Member Signature