

**SOLANO AND NAPA COUNTIES ELECTRICALWORKERS
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:

My New Address is:

Telephone # _____

Member Signature