



IBEW Local 684 Trust Funds

P O Box 1975 ♦ San Ramon, CA 94583
(866) 242-1822



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 Office to make
(Please Print Name)
the following change effective as of _____.
(Date of Change)

MY NEW ADDRESS IS:

Telephone #

Social Security #

Member Signature

Please return this form to:
IBEW Local 684 Trust Funds
P O Box 1975
San Ramon, CA 94583
Fax: (925) 362-8564