



# THE EMPLOYEE PAINTERS' TRUST HEALTH & WELFARE FUND

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## Address Verification Change Form

Date \_\_\_\_\_

In order to have verification of your requested address change for our files, please complete the below Address Change Form and return it to the Trust Fund Office. The address change will not take place until the completed form has been returned to our office and we have the proper authorization, in writing, along with your signature. If this form is not completed and returned, all correspondence will continue to go to the Address that is currently on file for you.

I, \_\_\_\_\_, authorize the Trust  
Fund Office to make the  
(Please Print Name)

following change effective as of \_\_\_\_\_.  
(Date of change)

My Old Address was:

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My Current Address is:

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

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
Member Signature

All correspondence will be sent to the address listed above as of the effective date listed on the form.