

# Industrial Carpenters Trust Funds

## **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  
(Please Print Name)

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

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

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

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

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

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

Physical Address: 7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566 ■

Mailing address P.O. Box 237 San Ramon, CA 94583 ■

Phone (925) 208-9997 ■ Fax (925) 362-8564

E-mail: Staff@IndCarpBenefits.org ■ Website: www.IndCarpBenefits.org