



BRICK MASONS TRUST FUNDS

Bricklayers Local No 4 Southern California

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www.bac4cabenefits.org

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
(Please Print Name)
make 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: _____