

U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

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(408) 588-3751 ■ (408) 436-8210 fax ■ Staff@ualocal393benefits.org ■ www.ualocal393benefits.org

ADDRESS VERIFICATION CHANGE FORM

Date _____

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 Old Address Was:

My Current Address is:

Telephone # _____

_____ Social Security#

_____ Member Signature

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