



# United Brotherhood of Carpenters Pension Plan

---

## ADDRESS CHANGE FORM

In order to have verification of your requested address change, please complete the information below and send this form back to the Trust Fund Office. The address change will not take place until this form has been returned.

I \_\_\_\_\_, authorize the Trust Fund Office to

(Please Print Name)

make the following change of address effective as of \_\_\_\_\_.

(Date of Change)

MY NEW ADDRESS IS:

---

---

---

Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

**PLEASE RETURN WITH A COPY OF YOUR PHOTO ID**



# United Brotherhood of Carpenters Pension Plan

---

---

Mailing Address: P.O. Box 400008 • Las Vegas, NV 89140  
8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113  
Toll Free 855-550-1696 • Fax (702) 257-5361  
[www.UCBenefits.org](http://www.UCBenefits.org)