CHANGE OF ADDRESS FORM

PART 1—PARTICIPANT INFORMATIO	N		
Participant Name	Social Security Nu	Social Security Number (only last four digits required)	
Phone Number	Email Address	Email Address	
New Address:			
Street Address			
City	State	ZIP Code	
PART 2—APPLICABLE TRUST FUNDS	S		
In which trust funds do you participate?			
Southern California Pipe Trades Tru			
Inland Refrigeration & Air ConditionLandscape, Irrigation and Lawn Spr			
Are you a Southern California Pipe Trades Yes No	pensioner or surviving spouse?		
PART 3—AUTHORIZATION			
I understand that this Change of Address I Southern California Pipe Trades Administra funds, the Inland Refrigeration & Air Condit Industry trust funds. I understand that bec before the postmark date, I should submit the	ative Corporation, including the stioning trust funds, and the Landause some mailings, such as	Southern California Pipe Trades trust dscape, Irrigation and Lawn Sprinkler pension checks, are processed well	
X Participant Signature			
r articipant dignature	Dale		

MUST BE SIGNED and DATED