



CHANGE OF ADDRESS FORM

Social Security Number: _____
(only the last four are required)

Participant Name: _____
First
Middle Initial
Last

New Address: _____

Telephone: (_____) _____ - _____

In which trust funds do you participate?

- Southern California Pipe Trades Trust Funds
- Inland Refrigeration & Air Conditioning Trust Funds
- Landscape, Irrigation and Lawn Sprinkler Industry Trust Funds

Are you a Southern California Pipe Trades pensioner or surviving spouse?

- Yes No

I understand that this Change of Address Form may update the records of all trust funds administered by the Southern California Pipe Trades Administrative Corporation, including the Southern California Pipe Trades trust funds, the Inland Refrigeration & Air Conditioning trust funds, and the Landscape, Irrigation and Lawn Sprinkler Industry trust funds. I understand that because some mailings, such as pension checks, are processed well in advance of the postmark date, I should submit this form at least two weeks before the address change is effective.

X _____
 Participant Signature Date

MUST BE SIGNED and DATED