

**SOUTHERN CALIFORNIA GENERAL SALES EMPLOYERS-UNITED FOOD & COMMERCIAL
WORKERS UNIONS PENSION FUND**

2220 HYPERION AVENUE • LOS ANGELES, CALIFORNIA 90027
TEL (323) 666-8910 • FAX (323) 913-0484 • www.ufcdrugtrust.org

Pensioner Change of Address Form

For your protection, all address changes must be submitted to the Administrative Office in writing, we cannot change your address without your signature. Please complete the information below, and return this form to our office using the enclosed self-addressed envelope or you can fax the completed form to (323) 913-0484.

If you have any questions, please contact us at (323) 666-8910 ext. 500.

Change my mailing address as of: _____
Date

Payee's First Name: _____ Payee's Last Name: _____
(Please print) *(Please print)*

Payee's Social Security Number: _____ or Trust Fund ID# DF _____

New Mailing Address: _____
Street Address

City State Zip Code

Phone Number: (____) _____

Old Mailing Address: _____
Street Address

City State Zip Code

Payee's Signature: _____ Date Signed: _____

Important Note: Changes will only be made if this form is signed and dated by the Plan payee.
This form is for address changes only.