



**SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL WORKERS**

**UNIONS AND DRUG EMPLOYERS TRUST FUNDS**

2220 HYPERION AVENUE • LOS ANGELES, CALIFORNIA 90027  
TEL (323) 666-8910 • FAX (323) 913-0484 • WWW.UFCWDRUGTRUST.ORG

*Administrative offices for:*

SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL  
WORKERS UNIONS AND DRUG EMPLOYERS PENSION FUND  
SOUTHERN CALIFORNIA DRUG BENEFIT FUND

**For Retirees & Beneficiaries  
Change of Address Form**

For your protection, all address changes must be either submitted to the Administrative Office in writing on this form, or completed online at our website, [ufcwdrugtrust.org](http://ufcwdrugtrust.org), via the Participant Login (you will need to first create a login account). To use this form, complete the information below and return the form to our office using the enclosed self-addressed envelope, or fax the completed form to (323) 913-0484.

**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** \_\_\_\_\_

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**New Mailing Address:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Old Mailing Address:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

**Payee's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Important Note:** Changes, using this form, will only be made if this form is signed and dated by the Plan payee.

***This form is for address changes only.***