



**CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA**  
**CEMENT MASONS VACATION/HOLIDAY TRUST FUND FOR NORTHERN CALIFORNIA**  
**CEMENT MASONS PENSION TRUST FUND FOR NORTHERN CALIFORNIA**  
220 Campus Lane, Fairfield, CA 94534-1499 \* Telephone: (707) 864-3300 or Toll-Free at 1-888-245-5005  
E-Mail Address: customerservice@norcalcementmasons.org \* Website: http://www.norcalcementmasons.org

## CHANGE OF ADDRESS NOTIFICATION

(Doc. 410)

### PARTICIPANT INFORMATION (Please print clearly using ink pen)

SOCIAL SECURITY NUMBER		NAME: FIRST		MIDDLE	LAST
DATE	LOCAL UNION NO.	TELEPHONE NO.		E-MAIL ADDRESS, IF ANY	

### NEW ADDRESS

MAILING ADDRESS						
CITY		STATE		ZIP CODE		
INDICATE DATE YOU WANT THE FUND OFFICE TO USE YOUR NEW ADDRESS:				MONTH	DAY	YEAR
				/	/	

### OLD ADDRESS

MAILING ADDRESS					
CITY		STATE		ZIP CODE	

### PARTICIPANT SIGNATURE

DATE:	SIGNATURE:
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### IMPORTANT

**This Change of Address form is to be used for changing your address record with the Fund Office only. Submitting this form will not change your address with your Local Union. You should contact your Local Union directly to change your address record with them.**

You must complete an ENROLLMENT FORM if you want to change dependents status and/or beneficiary.

Check-off this box  to receive an ENROLLMENT FORM.