



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
4160 Dublin Blvd. Suite 100 Dublin, CA 94568
Telephone: (707) 864-3300 or Toll-Free at 1-888-245-5005
<http://www.norcalcementmasons.org>

CHANGE OF ADDRESS NOTIFICATION

| PARTICIPANT INFORMATION (Please print clearly using ink pen) | | | | |
|---|-----------------|------------|------------------------|----------|
| SOCIAL SECURITY NUMBER | NAME: FIRST | MIDDLE | LAST | |
| HOME PHONE ☎ : | LOCAL UNION NO. | | E-MAIL ADDRESS, IF ANY | |
| CELL PHONE 📱 : | | | | |
| NEW ADDRESS | | | | |
| PHYSICAL ADDRESS | CITY | | STATE | ZIP CODE |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY | | STATE | ZIP CODE |
| INDICATE DATE YOU WANT THE FUND OFFICE TO USE YOUR NEW ADDRESS: | | | MONTH | DAY |
| | | | / | / |
| OLD ADDRESS | | | | |
| PHYSICAL ADDRESS | CITY | | STATE | ZIP CODE |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY | | STATE | ZIP CODE |
| PARTICIPANT SIGNATURE | | | | |
| DATE: | | SIGNATURE: | | |

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 dependent status and/or beneficiary.

Check-off this box ☐ to receive an ENROLLMENT FORM.