

**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

Administrative offices for:

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

Change of Address Form
For Retirees & Beneficiaries

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.

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*

Old Mailing Address: _____
Street Address

City *State* *Zip Code*

Payee's Signature: _____ **Date Signed:** _____

Phone Number: (____) _____

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.

If you have any questions, please feel free to contact us toll free at (877) 999-8329 extension 500.