

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

## 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 \_\_\_\_\_

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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.