



Southern California United Food & Commercial Workers Unions
and Food Employers Joint Benefit Funds Administration, LLC
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Address Change

Use this form if there has been any change to your address/phone.
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NOTE: IF AVAILABLE IN PERSON, PARTICIPANT MUST COMPLETE FORM.

PARTICIPANT INFORMATION		
Last Name	First	M.I.
Former Last Name, if applicable	Fund ID	Social Security #

OLD MAILING ADDRESS			
Address	City	State	Zip

CURRENT/NEW MAILING ADDRESS			
Address	City	State	Zip
Home Phone	Email		
Mobile Phone			

PARTICIPANT SIGNATURE	
Signature	Date

LOCAL/FUND CLERK'S SIGNATURE	
Signature	Date
Print Clerk's Full Name	Union Local

ORIGIN of REQUEST	
<input type="checkbox"/> Walk-in <input type="checkbox"/> Email <input type="checkbox"/> Phone	Identity of the caller was verified as the Participant: <input type="checkbox"/> Yes