

# NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938

tfo@ncpttf.com • www.ncpttf.com



## CHANGE REQUEST FORM

<b>PLEASE CHECK APPLICABLE ITEM(S)</b>	
<input type="checkbox"/> Change of Address (This form may only be used if you have not had Health and Welfare eligibility in the past 12 months.) <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Marital Status	

<b>PLEASE CHECK ONE</b>				
<input type="checkbox"/> Participant	<input type="checkbox"/> Retiree	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Alternate Payee	<input type="checkbox"/> Estate

<b>INFORMATION</b>					
1. Last Name, with Suffix (if applicable)	2. First Name	3. MI	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Date of Birth / /	6. Social Security Number - -
7. Mailing/Residence Address		City	State	Zip Code	
8. Current Marital Status		Effective Date of Current Marital Status ____/____/____ Month Year		9. Primary Phone ( ) - Secondary Phone ( ) - Email _____	
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced and Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Widowed and Remarried					

<b>SIGNATURE</b>	
<p>Additional forms and/or documentation may be required before your Change Request Form can be processed. In the event additional forms and/or documentation are required, we will notify you.</p> <p>I acknowledge that the information provided on this Change Request Form is accurate and I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>	
10. Signature _____	11. Date _____

<p><b><u>IF YOU ARE RECEIVING A MONTHLY RETIREMENT BENEFIT AND ARE CHANGING YOUR ADDRESS:</u></b>                  If you move in or out of the State of California and wish to change your California State tax withholding for your Retirement Benefit payments, contact the Trust Fund Office for the applicable Withholding Election Form or print one from our website <a href="http://www.ncpttf.com">www.ncpttf.com</a>.</p>
---

<b>TRUST FUND OFFICE USE ONLY:</b> <input type="checkbox"/> SUP <input type="checkbox"/> HRA <input type="checkbox"/> IN / OUT of CA / USA <b>PREVIOUS INFORMATION:</b>
--