1000 Burnett Avenue, Suite 110 • Concord, CA 94520-2000
Mail: P. O. Box 4102 • Concord, CA 94524-4102
Telephone: (925) 746-7530 • (800) 552-2400 • Facsimile: (925) 746-7552
www.ufcwtrust.com

CHANGE OF PERSONAL INFORMATION FORM

PLEASE PRINT

Personal Information		
First Name:	**Last Name:**	**Last 4 Digits of SSN or Member ID:**
Date of Birth: _____/_____/_____	**Gender:** Male ☐ Female ☐	**Current Marital Status:** Single ☐ Married ☐ Divorced ☐ Widowed ☐

Previous Address Information		
Street or PO Box:		**Apartment or Suite #:**
City:	**State:**	**Zip Code:**

New Address Information			
Street or PO Box:			**Apartment or Suite #:**
City:		**State:**	**Zip Code:**
Home Phone Number: ( )	**Mobile Phone Number:** ( )	**Email Address:**	
Signature - *Must be signed by Member or Legal Representative:*			**Date:**

Please send the completed and signed form to:

UFCW & Employers Trust, LLC

Attention: Pension Dept.

P. O. Box 4102 Concord, CA 94524-4102

The information you provide UFCW & Employers Trust, LLC will be shared with the benefit funds in which you participate and which are administered by UFCW & Employers Trust, LLC, including, as applicable, the UFCW & Employers Benefit Trust, UFCW Northern California and Drug Employers Health and Welfare Trust, UFCW-Northern California Employers Joint Pension Trust Fund, UFCW Pharmacists, Clerks and Drug Employers Pension Trust, Retail Clerks Specialty Stores Pension Fund, and UFCW-Northern California Food Employers Joint Individual Account Trust Fund.