UFCW TRUST
Working For Your Benefit

1000 Burnett Avenue, Suite 110 • Concord, CA 94520-2000
Mail: P. O. Box 4100 • Concord, CA 94524-4100
Telephone: (925) 746-7530 • (800) 552-2400 • Facsimile: (925) 746-7549
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 Contact Information (If updating mailing address)		
Street or PO Box:		**Apartment or Suite #:**
City:	**State:**	**Zip Code:**

Current Contact Information (Complete All Boxes)			
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:**

The information provided on this form is intended for UFCW & Employers Trust, LLC records. If applicable, the information will be used to provide you with health and/or pension related benefit information.

Please send the completed and signed form to:

UFCW & Employers Trust, LLC
Attention: Health and Welfare Services Dept.
P.O. Box 4100
Concord, CA 94524-4100

The information you provide UFCW & Employers Trust, LLC on this form will be shared with the benefit funds in which you participate and which are administered by UFCW & Employers Trust, LLC, in order to ensure communications for all Funds continue to reach you.