

Los Angeles Machinist Benefit Trust
4160 Dublin Blvd., Ste 400
Dublin, CA 94568

CHANGE OF ADDRESS

PLEASE COMPLETE AND SUBMIT A CHANGE OF ADDRESS FORM WHENEVER YOU MOVE

Member's Name: _____ / /
Social Security No. or Unique ID #

Prior Address: _____
City State Zip

NEW Address: _____
City State Zip

Effective Date of New Address: _____ Phone #: _____

Member's Signature: _____ Date: _____

NOTE: IF YOU NEED TO ADD OR DELETE A DEPENDENT(S), OR CHANGE YOUR LIFE INSURANCE BENEFICIARY, PLEASE COMPLETE A **NEW** ENROLLMENT FORM.

MAIL TO:
LOS ANGELES MACHINIST BENEFIT TRUST
PO BOX 6149
GARDEN GROVE, CA. 92846

Change will NOT be accepted unless all fields are completed and signed.