



Utah Pipe Trades Trust Fund

Pension
Health and Welfare

ADDRESS VERIFICATION CHANGE FORM

In order to have your address changed in our files, please complete the information below and send this form back to the address listed below. The address change will not take place until the form has been returned to our office and we have the proper authorization, in writing along with your signature.

I, _____, authorize the Trust Fund Office to make the
(Please Print Name)

following change effective as of _____.
(Date of Change)

Member ID or SSN: _____

My Old Address Was:

My New Address is:

Telephone # _____

Member Signature

Please return form to: