

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

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**CHANGE REQUEST FORM****PLEASE CHECK APPLICABLE ITEM(S)**

- ☐ Change of Address (This form may only be used if you have not had Health and Welfare eligibility in the past 12 months.)
☐ Change of Name
☐ Change of Marital Status

PLEASE CHECK ONE

- ☐ Participant ☐ Retiree ☐ Beneficiary ☐ Alternate Payee ☐ Estate

INFORMATION

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 <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		Effective Date of Current Marital Status / / Month Year		9. Primary Phone () - Secondary Phone () - Email _____	

SIGNATURE

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.

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.

10. Signature _____

11. Date _____

IF YOU ARE RECEIVING A MONTHLY RETIREMENT BENEFIT AND ARE CHANGING YOUR ADDRESS:

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 www.ncpttf.com.

TRUST FUND OFFICE USE ONLY:

- ☐ SUP ☐ HRA ☐ IN / OUT of CA / USA PREVIOUS INFORMATION: