

**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

**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](http://www.ncpttf.com).

**TRUST FUND OFFICE USE ONLY:**

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