



LABORERS FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA
 5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588
 Telephone: (707) 864-2800 or Toll-Free at 1-800-244-4530
 E-Mail Address: customerservice@lfao.org
 Website: <http://www.lfao.org>

CHANGE OF ADDRESS NOTIFICATION

(Doc. 462)

PARTICIPANT INFORMATION (Please print clearly using ink pen)

SOCIAL SECURITY NUMBER	NAME: FIRST	MIDDLE	LAST
HOME PHONE ☎ :	CELL PHONE 📱 :	LOCAL UNION NO.	E-MAIL ADDRESS, IF ANY

NEW ADDRESS

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
INDICATE DATE YOU WANT THE FUND OFFICE TO USE YOUR NEW ADDRESS:		MONTH	DAY
		/	/

OLD ADDRESS

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE

PARTICIPANT SIGNATURE

DATE:	SIGNATURE:
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IMPORTANT

This Change of Address form is to be used for changing your address record with the Fund Office only. Submitting this form will not change your address with your Local Union. **You should contact your Local Union directly to change your address record with them.**

You must complete an ENROLLMENT FORM if you want to change dependent status and/or beneficiary.
 Check-off this box to receive an ENROLLMENT FORM.