

East Bay Drayage Drivers Security Fund
P.O. Box 5030
Walnut Creek, CA 94596

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 #: _____

Email Address: _____

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:
East Bay Drayage Drivers Security Fund
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Change will NOT be accepted unless all fields are completed and signed.