

AUTOMOTIVE INDUSTRIES PENSION FUND



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CHANGE OF ADDRESS REQUEST

Name: _____

SSN: _____

Old Address: _____

New Address: _____

Telephone: (____) _____

Email: _____

Signature: _____ Date: _____

In order to update your mailing address, change of address requests must be received in writing. Please provide the above requested information and return to the Trust Fund Office. Enclosed for your convenience is a self-addressed return envelope. Please contact the Trust Fund office should you have questions.