

AUTOMOTIVE INDUSTRIES PENSION FUND



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Change of Address Request Form

In order to update your mailing address, change of address requests must be received in writing. Please provide the below 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.

Name: _____

Social Security Number: _____

Old Address: _____

New Address: _____

Email Address: _____

Telephone Number: _____

Signature: _____ Date: _____

PLEASE RETURN WITH A COPY OF YOUR VALID GOVERNMENT ISSUED ID