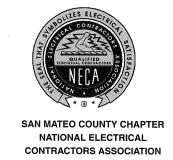


## SAN MATEO COUNTY



## ELECTRICAL WORKERS JOINT TRUST FUNDS

## ADDRESS CHANGE AUTHORIZATION FORM

Last Member's Social Security	Number: #_	First	
Member's Old Address:	Street		<del></del>
	City	State	Zip
Member's New Address:	Street		
	City	State	Zip
Member's Phone Number:			
Member's Signature:			
Date:			
Mail Completed Form to:	United Adm P. O. Box 5 San Jose, C Attn: Lynda	057 CA 95150	3

Or email to: Irodarte@uastpa.com