

CHANGE OF ADDRESS CARD

TEAMSTERS BENEFIT TRUST

P.O. Box 5820 • Fremont, CA 94537-5820

Participant's Social Security Number	Home Phone ()	Work Phone ()		
Participant's Name (Last, First, Middle Initial) <i>Please Print</i>				
CURRENT Address <i>Please Print</i>	Apt.	City	State	Zip Code
PREVIOUS Address <i>Please Print</i>	Apt.	City	State	Zip Code
Participant's Signature:	Date Signed (Month-Day-Year)			

Keep your address current, so you'll receive up-to-date information about your benefits.

**PLEASE SEND YOUR CHANGE OF ADDRESS CARD TO TEAMSTERS BENEFIT TRUST (TBT)
BY EMAIL OR FAX:**

Email address: enroll@lipmantpa.com

Fax number: (510) 795-9237

Questions? (800) 533-0119 • (510) 796-4676