



# OE3 Trust Funds

Operating Engineers Trust Funds  
1141 Harbor Bay Pkwy, Ste 100  
Alameda CA 94502  
PO Box 23190, Oakland CA 94623-0190

Health. Security. Service.

P 800-251-5014 • F 510-545-4937 • [www.oe3trustfunds.org](http://www.oe3trustfunds.org)

## CHANGE OF ADDRESS REQUEST

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** If your pension benefit check is currently being deposited directly to your bank account, please indicate whether you want this to continue.

- ☐ Continue mailing to the bank as previously authorized
- ☐ Discontinue direct deposit (Checking this box will cancel the electronic transfer of your pension benefit.)
- ☐ Please send new bank authorization forms.

In order to update your mailing address, you must submit your change of address in writing. Please complete the necessary information as indicated above and return to the Trust Fund Office. For your convenience, we are enclosing a self-addressed return envelope.

### **NOTARY CERTIFICATION**

Witnessed By: \_\_\_\_\_ (Plan Office Representative) \_\_\_\_\_ (Date)

**OR**

State of \_\_\_\_\_, County of \_\_\_\_\_,

*On the day of \_\_\_\_\_, before me came \_\_\_\_\_, known to me to be the person described above, who executed the foregoing statement, and duly acknowledged to me that he or she executed the same.*

\_\_\_\_\_  
Notary Public