

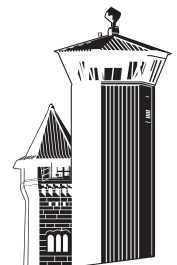


# Going Somewhere?

Please complete this **Change of Address** form and mail it to the **CCPOA Benefit Trust Fund** to ensure you stay current with all your benefit updates, mailings, and other important information.

Name: Last, First		
Address:		
City:	State:	ZIP:
Home Telephone:	Cell Phone:	
email:		
Last 4 digits of SSN:		
Institution and/or Office/Chapter:		
<p><b>Mail the completed form to:</b></p> <p><b>CCPOA Benefit Trust Fund</b>          2515 Venture Oaks Way, Suite 200          Sacramento, CA 95833-4235</p>		

**We've Got You Covered.**  
**1-800-In-Unit-6**



CCPOA Benefit Trust Fund | 1-800-In-Unit-6 | [www.ccpoabtf.org](http://www.ccpoabtf.org)



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 149 SACRAMENTO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

**CCPOA Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-9978



*Fold and seal to return mail*

**Keep your benefits  
up-to-date.**



*Fold and seal to return mail*