



# Benefit Trust Fund User Profile

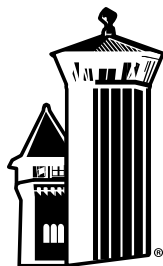
If you wish to change your User Profile, please print out and return this form.

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

**We've Got You Covered.**

**1-800-In-Unit-6**

**1-800-468-6486**



**CCPOA**  
**Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

**[www.ccpoabtf.org](http://www.ccpoabtf.org)**