

**TEAMSTERS LOCAL UNION NO. 813 AND IT'S AFFILIATED TRUST FUNDS  
45-18 COURT SQUARE, SUITE 600  
LONG ISLAND CITY, N.Y. 11101-4347**

**SELECT FUND:**      ( )LOCAL 27            ( )LOCAL 813            ( )LOCAL 1034

**CHANGE OF ADDRESS FORM**

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

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

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

Social Security No: \_\_\_\_\_

New Address: \_\_\_\_\_ APT.# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Effective date of change of address: \_\_\_\_\_

Your Signature: \_\_\_\_\_ DATE: \_\_\_\_\_