



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Trust • Defined Contribution Pension Trust •
Vacation/Personal Time Off (PTO) Trust •
Apprenticeship Training & Journeyman Retraining Fund

www.ironworkerbenny.com

ADDRESS FORM

FOR NEW EMPLOYEE INFORMATION AND ALL ADDRESS CHANGES
THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

SHOULD THIS FORM BE RECEIVED BY THE TRUST FUND OFFICE WITH INFORMATION MISSING OR ILLEGIBLE, IT WILL BE
RETURNED FOR RECOMPLETION AND/OR CORRECTION, WHICH WILL CAUSE A DELAY IN THE PROCESSING OF THESE CHANGES.

Name: _____ Gender: M F
(Last) (First) (MI)
SSN: _____ Local Union No: _____ Date of Birth: _____

NEW ADDRESS INFORMATION

Completing this form will permanently change your address with the Trust Fund Office. This change will remain in effect until either a new Address Form is completed or returned mail is received by our office, at which time your address will be made bad and no further items will be sent including Vacation Checks.

Name: _____ Gender: Male Female
(LAST) (FIRST) (MI)

Address: _____

City, State, Zip Code: _____ Telephone: _____

Member Signature: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____

Telephone: _____

*****IMPORTANT INFORMATION*****

This form may be returned to us either by email, fax or via the U.S. Postal Service and an original signature is required. Also, please remember to notify your Local Union of ANY change of address, as we will not be providing this information on your behalf.

IMPORTANT: UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, TRUST FUNDS ARE REQUIRED TO KEEP ALL PARTICIPANTS ADVISED OF ALL BENEFITS TO WHICH THEY ARE ENTITLED. IN ORDER FOR THE TRUSTS TO KEEP YOU PROPERLY INFORMED OF ALL YOUR RIGHTS, WE MUST OBTAIN CERTAIN INFORMATION REQUESTED ON THIS FORM. FAILURE TO DO SO WILL RESULT IN A DELAY IN DELIVERY OF YOUR VACATION CHECK.

APPLICANT HEREBY REQUESTS PAYMENT OF HIS VACATION BENEFIT AND CERTIFIES AND AGREES THAT THIS APPLICATION IS MADE IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THAT CERTAIN TRUST AGREEMENT ENTITLED "TRUST AGREEMENT CALIFORNIA FIELD IRONWORKERS VACATION TRUST FUND," DATED JANUARY 18, 1962, AND IN COMPLIANCE WITH THE CONDITIONS OUTLINED IN THE "COLLECTIVE BARGAINING AGREEMENTS" DEFINED IN THAT TRUST AGREEMENT. I FURTHER AGREE THAT THE SAID VACATION PAYMENT SO REQUESTED IS LIMITED TO AND CIRCUMSCRIBED BY AND ACCEPTED SUBJECT TO THE ABOVE MENTIONED TRUST AGREEMENT, COLLECTIVE BARGAINING AGREEMENTS, AND THE TERMS AND PROVISIONS OF THIS APPLICATION.

Para obtener asistencia en Español, llame al 1-800-527-4613

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