

AFL HOTEL & RESTAURANT WORKERS TRUST FUNDS

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HEALTH & WELFARE • PENSION • TRAINING

CHANGE OF ADDRESS

Print Name: _____

Social Security No.: _____ - _____ - _____ Phone No.: (____) _____

Cell Phone No.: (____) _____ E-mail: _____

Old Address: _____

Street Number or P.O. Box

City

State

Zip

Country

New Address: _____

Street Number or P.O. Box

City

State

Zip

Country

Signature

Date

Internal Use Only

PARTICIPANT

RETIREE

BENEFICIARY