California Winery Workers Pension Plan Trust

CHANGE OF ADDRESS

PLEASE PRINT

Name: _____

New Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Social Security No.: _____

Participant's Signature: _____ Date: _____

Fraud Prevention Policy: If this form is not notarized or witnessed by a plan representative, the Administration Office will call you at the last number on record to confirm your identity and verify this change. If the last number on record is not your current telephone number, this form must be notarized or witnessed by a plan representative, and the form with original signatures must be mailed to the Administration Office.

California Winery Workers Pension Plan Trust
955 N Street
Fresno, CA 93721-2216
Phone (559) 225-3030 ext. 101
Fax (559) 225-6837

CALIFORNIA NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____ before me, _____ (insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

OR

Witnessed by a Plan Representative (Plan Representative must confirm identification on official government document.)

Signature _____ Print Name _____

☐ Plan Trustee ☐ Administration Office Employee

FOR ADMINISTRATION OFFICE USE ONLY

Telephone Number on File: (_____) _____

First call to number on file: _____ Second call to number on file: _____

_____ _____

By _____ Date _____ By _____ Date _____

Address information updated in system: By _____ Date _____