

REGIONAL DISTRICT COUNCIL FRINGE BENEFIT FUNDS

CHANGE OF ADDRESS FORM

Please submit your current address information to the Fund Office. Address Change Forms must be received in the Fund Office. Completed forms must be mailed or faxed to:

REGIONAL DISTRICT COUNCIL
c/o The William C. Earhart Company, Inc.
P.O. Box 4148 • Portland, Oregon 97208
Fax: (503) 284-9386

NAME _____ SOCIAL SECURITY NO. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

FORMA DE CAMBIO DE DOMICILIO

Por favor entregué su domicilio actual a la oficial de fondos. Forma de cambio de domicilio necesita ser recibida a la oficina de fondos. Forma completa mandar por correo o por fax a:

REGIONAL DISTRICT COUNCIL
c/o The William C. Earhart Company, Inc.
P.O. Box 4148 • Portland, Oregon 97208
Fax: 503-257-5997

NOMBRE _____ SEGURO SOCIAL _____

DOMICILIO _____

CIUDAD _____ ESTADO _____

CODIGO POSTAL _____

FIRMA _____ FECHA _____