

**SOUND HEALTH & WELLNESS TRUST
SOUND HEALTH & WELLNESS RETIREE TRUST
RETAIL CLERKS PENSION TRUST
CHANGE OF ADDRESS**
(Please print or type using only blue or black ink)

EMPLOYEE SOCIAL SECURITY NUMBER:

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LOCAL: _____ EMPLOYER: _____

EMPLOYEE NAME: _____

NEW ADDRESS: _____

City State Zip Code

TELEPHONE NUMBER: _____

DATE: _____ MEMBER SIGNATURE: _____

Mail to: **SOUND HEALTH & WELLNESS TRUST, 201 Queen Anne Ave. N., Suite 100
Seattle, WA 98109-4896**

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